

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011582

1. Limited Liability Company's Name

BEACON OUTPARCEL 2, L.L.C.

700031546177
03/31/04--01016--001 **255.00

2. Principal Office Address

7925 NW 12th St.

Suite, Apt. #, etc.

NO. 129

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

7925 NW 12th St.

Suite, Apt. #, etc.

NO. 129

City & State

Miami, FL

Zip

33126

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1124829

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

STEPHEN J. DIGIACOMO

Street Address (P.O. Box Number Is Not Acceptable)

7925 NW 12th STREET, No 129

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

3/11/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STEPHEN J. DIGIACOMO	7925 NW 12th ST, NO. 129	Miami, FL 33126

REINSTATEMENT 02-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

3-11-04

Daytime Phone #

305-477-3300

Typed or printed name of signing Managing Member/Manager Stephen J. Digiacomo

CR2E041 (10/02)