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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000018258

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018258

Name and Mailing Address

0007819 01 FP 0.352 **PRSRT T4 0 0615 35205-284205

MAJESTIC BEACH TOWERS DEVELOPMENT, L.L.C.
2140 ELEVENTH AVENUE SOUTH, SUITE 405
BIRMINGHAM AL 35205-2842

2. New Mailing Address

City, State, Zip

Principal Place of Business
2140 ELEVENTH AVENUE SOUTH, SUITE 405
BIRMINGHAM AL 35205

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
10/23/2001

6. FEI Number
82-0544649
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J
221 MCKENZIE AVE.
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 Elizabeth J. Walters Date 10-22-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEWIS, JAMES H	2140 ELEVENTH AVENUE SOUTH, SUITE 405	BIRMINGHAM AL 35205

200008666062
10/23/02--01069--012 **150.00

12. 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 Date 10/23/02 Daytime Phone # 205-933-5080

Typed or printed name of signing Managing Member/Manager James H. Lewis