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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY Sec		DEPARTMENT OF STATE ecretary of State ion of corporations		FILED OCT 18 AM 10: 27		
DOCUMENT # L 0200000 223 1. Limited Liability Company's Name			SECHE JARY OF STATE TALLAHASSEE, FLORIDA			
Emerald Beach Palas	e, LLC					
2. Principal Office Address	3. Mailing Office Address					
271 Potter Woodbery Rd.	same		4. State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL.			
			5. Date Organized or Qualified To Do Business in Florida 1/02		<i>ಆ</i> ಕ	
City & State City & State			6. FEI Numbe		Applied For	
Havana FC.		,	C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Not Applicable	
Zip Country USA	Zip	Country	7. CERTIFICATE	OF STATUS DESIRED 55.00 Action a Co	dditional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent						
Name Jeff Moore Street Address (P.O. Box Number is Not Acceptable) 27 Potter Woodbern Rd. Suite, Apt. #, Etc. City State Zip Code						
cityltavana	Itavana					
9. I, being appointed the registered agant of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Mer	nbers/Managers					
Titles Name of Managing Members/Manag	jers	Street Address of Each Managing Member/Manager		City / State / Zip		
los. Jeff moore	271	271 Potter Woodsery Rd.		Havana, FL. 32333		
los. Jeff Moore Marm VI. Fred Spears	638	638 N. Ferdon Blvd.		Cresturen, PL 32536		
			22 10/2	000422918 8/0401063015	:12 **50.00	
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 Date 0 11 04 Daytime Phone # (85°) 487 - 1737						

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10/11/04

Glenda Hood, Secretary Department of State R.A. Gray Building 500 So. Bronough St. Tallahassee, Fl. 32399

RE: Annual Report Fee

CORP.'s:

Emerald Beach Palace, LLC Gulf States Land Co., LLC

Spear-It Investments of No. Fl., Inc.

Dear Ms. Hood:

Enclosed please find the annual report fees for the three above named corporations. I realize that these annual fees are due by September 8, however, I respectively request that the reinstatement fees be waived.

All of the above named businesses revolve around rental and investment real estate. All have suffered extensive property damage due to the recent onslaught of hurricanes. Some properties were completely destroyed.

In the Hurricane preparation efforts and the aftermath (and continuation) of dealing with clean-up crews, insurance adjusters, contractors, and traveling back and forth from the coast, these registration forms just slipped through the cracks. When I visited your website to confirm some corporate information for the insurance company, I realized these companies were erroneously listed as "inactive".

There was never any intent or desire for these corporations to go "inactive" or fail to pay the annual filing fee. I assume you would also need the three enclosed "reinstatement" forms to get us back to "active" status. If anything else is needed, please contact me.

Again, your consideration of waiving these fees under the circumstances is greatly appreciated.

Sincerely,

Jeff Moore

271 Potter Woodbery Road

Havana, Fl. 32333

Ph. (850) 487-1737 (w)

Ph. (850) 539-8465 (h)

(Managing Member/President:

Emerald Beach Palace, LLC

Gulf States Land Co., LLC

Spear-It Investments of No. Fl., Inc.)