

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda L. ...
Secretary of State
DIVISION OF CORPORATIONS

L02000013602

FILED

1. DOCUMENT # L02000013602

Name and Mailing Address

0002455 01 AT 0.292 **AUTO T1 D 0615 32541-478864
JB BEACH ENTERPRISES, L.L.C.
4764 PAPAYA PARK
DESTIN FL 32541-4788

03 DEC 22 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/04/2002	
Principal Place of Business 4764 PAPAYA PARK DESTIN FL 32541	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0451386	Applied For Not Applicable
8. Name and Address of Current Registered Agent HAVENS, JASON E <i>Trey Rumel's</i> 36468 EMERALD COAST PARKWAY, SUITE 2101 DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>John J. Holahan</i> SIGNATURE REQUIRED Date <i>11/26/03</i> 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
MGRM	HOLAHAN, JOHN J	4764 PAPAYA PARK	DESTIN FL 32541
MGRM	BECK, ROBERT H	32 CULVER HILL	SOUTHAMPTON NY 11968
000025165240 12/02/03-01081-011 **155.00			
REINSTATEMENT <i>2003</i> <i>12/22/03</i>			

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 *John J. Holahan* **SIGNATURE REQUIRED** Date *11/10/03* Daytime Phone # *850-650-5050*
Typed or printed name of signing Managing Member/Manager *John Jay Holahan*