

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
03 NOV 21 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025152

Name and Mailing Address

0001134 01 AT 0.292 **AUTO T6 2 0615 32080-450819
BEACHSIDE, LLC
419 ANASTASIA BLVD. #A
ST. AUGUSTINE FL 32080-4508



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2. New Mailing Address 114 32nd Ave South Jacksonville Beach FL 32250		4. State/Country of Formation FL	
Principal Place of Business 419 ANASTASIA BLVD. #A ST. AUGUSTINE FL 32080		5. Date Organized or Qualified To Do Business in Florida 09/25/2002	
3. New Principal Place of Business Address 7563 Philips Hwy STE 206 Jacksonville FL 32256		6. FEI Number 55-0803142	
8. Name and Address of Current Registered Agent GRABLE, STEPHEN E 419 ANASTASIA BLVD. #A ST. AUGUSTINE FL 32080		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: Stephen E. Grable Street Address (P.O. Box Number is Not Acceptable): 114 - 32nd Avenue South City: Jacksonville FL Zip Code: 32250		Applied For Not Applicable	
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: [Signature] SIGNATURE REQUIRED Date: 10-21-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
11/6/03	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sole member	Beachside Family Limited Partnership	114 32nd Avenue South	Jacksonville, FL 32250
REINSTATEMENT 2003 600024923406 11/21/03--01033--009 **150.00			
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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: [Signature] **SIGNATURE REQUIRED** Date: 10/21/03 Daytime Phone: 904-296-9355

Typed or printed name of signing Managing Member/Manager: Stephen Grable - General Partner