LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 AM 8:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028150

1. Limited Liability Company's Name

Beacon Holding Company, LLC

2. Principal Office Address
3135 S.W. Mapp Ro

Suite, Apt. #, etc.

City & State
Palm City, FL

Zip 34990 | Country USA

3. Mailing Office Address
3135 S.W. Mapp Rd

Suite, Apt. #, etc.

City & State
Palm City, Fl

Zip 34990 | Country US

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
10/23/02

6. FEI Number
55-0802283

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 Joseph R. Rizzuti

Street Address (P.O. Box Number is Not Acceptable)
3135 S.W. Mapp Road

Suite, Apt. #, Etc.

City Palm City | State FL | Zip Code 34990

500037663965
06/04/04--01028--006 **200.00

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 _____ REGISTERED AGENT MUST SIGN

Date 5/21/04

CR2E041 (10/02)

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
MGRM MGRM	Robert W. Payne Jr.	7405 Mid-Broadwell Trace Alpharetta, GA. 30004	Alpharetta, GA 30004
MGR	Joseph R. Rizzuti	3135 S.W. Mapp. Ro Palm City, Fl 34990	Palm City, Fl 34990
		REINSTATEMENT 2003-04	

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 _____ Date 5/21/04 Daytime Phone # 772-287-5958

Typed or printed name of signing Managing Member/Manager Robert W. Payne Jr.