

02/20/2004 14:47 FAX 8504339599

CLARK PARTINGTON HART-PC

002

Feb 20, 2004 15:37

Beach Home Rentals LLC

850-932-7307 FILED

p.2

Received Fax: Feb 20 2004 14:18 Fax Station: Beach Home Rentals LLC

04 FEB 20 AM 10:07

02/20/2004 15:13 FAX 8504339599

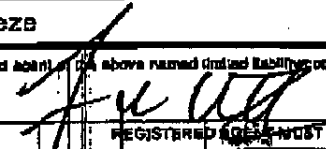
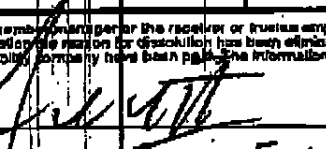
CLARK PARTINGTON HART-PC

002

H04000037923 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000029424					
1. Limited Liability Company's Name Beach Home Rentals, L.L.C.					
2. Principal Office Address 207 Laura Lane		3. Mailing Office Address 207 Laura Lane		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 11/4/2002	
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		6. FBI Number ☐ Applied For ☐ Not Applicable	
Zip 32561	County Santa Rosa	Zip 32561	County Santa Rosa	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee Required for Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Frank W. Boykin, II					
Street Address (P.O. Box Number is Not Acceptable) 207 Laura Lane					
Suite, Apt. #, Etc.					
City Gulf Breeze					
State FL					
Zip Code 32561					
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  Date 02/20/04 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager		Street Address of Each Managing Member/Manager		City / State / Zip
Mgr.	Frank W. Boykin, II		207 Laura Lane		Gulf Breeze, FL 32561
11. I certify that I am managing member/manager of 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 02/20/04 Daytime Phone # 850-932-7307 Typed or printed name of signing Managing Member/Manager FRANK W. BOYKIN II					

H04000037923 3

FILED

04 FEB 20 AM 10:07

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000037923 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CLARK, PARTINGTON, HART - DESTIN
Account Number : I20000000040
Phone : (850) 650-3304
Fax Number : (850) 650-3305

LIMITED LIABILITY REINSTATEMENT

BEACH HOME RENTALS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$250.00

25.00

RECEIVED
04 FEB 20 PM 4:17
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help