Received Feb 20 2004 14:18 Beach Home Rentals LLC p. 2

04 FEB 20 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/20/2004 13:13 FAX 8504339599 CLARK PARTINGTON HART-PC 002

H04000037923 3

**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 | 3. Mailing Office Address |
|---|---|
| 207 Laura Lane | 207 Laura Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gulf Breeze, FL | City & State: Gulf Breeze, FL |
| Zip: 32561 County: Santa Rosa | Zip: 32561 County: Santa Rosa |

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/4/2002
6. FEI Number: ☐ 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: 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: Frank W. Boykin, II REGISTERED AGENT MUST SIGN Date: 02/20/04

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name(s) of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Mgr. | Frank W. Boykin, II | 207 Laura Lane | Gulf Breeze, FL 32561 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Frank W. Boykin, II Date: 02/20/04 Daytime Phone #: 850-932-7307

Typed or printed name of signing Managing Member/Manager: Frank W. Boykin, II

FILED

04 FEB 20 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Florida Department of State

Division of Corporations
Public Access System

## 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

RECEIVED
04 FEB 20 PM 4:17
DIVISION OF CORPORATION

# LIMITED LIABILITY REINSTATEMENT

## BEACH HOME RENTALS, L.L.C.

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

Electronic Filing Menu Corporate Filing Public Access Help