

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 3 AM 9:21

**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.

300043728083
02/07/05--01094--018 **25.00

2. Principal Office Address 207 LAURA LANE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze, FL		City & State	
Zip 32561	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/04/2002	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name C T CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

300043728083
01/05/05--01027--022 **25.00

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

JAMES A. BORDONARO
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 1/13/05

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
MGR	FRANK W. BOYKIN, II	207 LAURA LANE	GULF BREEZE, FL 32561

REINSTATEMENT 2005
Dissolved For RA *nc*

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

[Signature]

Date 1-26-05 Daytime Phone #

Typed or printed name of signing Managing Member/Manager FRANK W. BOYKIN, II

CR2E041 (10/02)