

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
04 FEB 13 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000030405

Name and Mailing Address

0016011 01 MB 0.309 **AUTO T9 0 0615 32413-751818



BEACHVACATION.COM, LLC

P. O. BOX 7518

PANAMA CITY BEACH FL 32413-7518



MJH

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quantified To Do Business in Florida 11/12/2002	
Principal Place of Business 125 LA VALENCIA CIRCLE PANAMA CITY BEACH FL 32413	3. New Principal Place of Business Address City, State, Zip	6. FEI Number N/A	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WAGNER, MICHAEL R 125 LA VALENCIA CIRCLE PANAMA CITY BEACH FL 32413	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Michael R Wagner Date 12-24-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WAGNER, LYNNE P	125 LA VALENCIA CIRCLE	PANAMA CITY BEACH FL 32413
MGRM	WAGNER, MICHAEL R	125 LA VALENCIA CIRCLE	PANAMA CITY BEACH FL 32413
900025771709 02/19/04--01024--003 **\$5.00 900025771709 12/26/03--01039--008 **\$150.00			
REINSTATEMENT 2003-2004			

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 Michael R Wagner Date 02-01-04 Daytime Phone # 850-249-5522

Typed or printed name of signing Managing Member/Manager