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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 # L03000030365 1. Limited Liability Company's Name LINING 14054 BEACH, LLC																							
2. Principal Office Address - No P.O. Box # 890 Seminole Road Suite, Apt. #, etc.		3. Mailing Office Address 890 Seminole Road Suite, Apt. #, etc.																					
City & State Atlantic Beach, FL Zip Country 32233 USA		City & State Atlantic Beach, FL Zip Country 32233 USA																					
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 8/13/2003																					
6. FEI Number Apply for ☐ Not Applicable ☒		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for Certificate of Status																					
8. Name and Address of Current Registered Agent Name JOHN H. LINING Street Address (P.O. Box Number is Not Acceptable) 890 Seminole Road Suite, Apt. #, Etc. City State Zip Code Atlantic Beach FL 32233																							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>John H. Lining</i> Date 1/27/2014 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representative/Manager</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>John H. Lining</td> <td>890 Seminole Road</td> <td>Atlantic Beach, FL 32233</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	John H. Lining	890 Seminole Road	Atlantic Beach, FL 32233												
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip																				
MGR	John H. Lining	890 Seminole Road	Atlantic Beach, FL 32233																				
11. E-mail Address: John.Lining@colliers.com (To be used for future official correspondence)																							
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0412, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.166, F.S. Signature of Authorized Representative/Manager <i>John H. Lining</i> Date 1/27/2014 Overtime Phone (904) 861-1121 Typed or printed name of signing Authorized Representative/Manager John H. Lining, Manager																							

H14000020901

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ATTORNEYS AT LAW

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January 27, 2014

Via Facsimile - (850) 617-6383

Florida Department of State
Attn: Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: File First/ File Second Documents
- (File First) Articles of Dissolution for Lining 14054 Beach, LLC; Document Number L12000044341
- (File Second) Florida Limited Liability Company Reinstatement for Lining 14054 Beach, LLC; Document Number L03000030365

To Whom It May Concern,

Attached hereto please find the following file first / file second documents to be filed in immediate succession of each other:

1. (FILE FIRST) The Articles of Dissolution for Lining 14054 Beach, LLC, Document Number L12000044341, as well as a name release letter authorizing its name to be released and used with the reinstatement of Lining 14054 Beach, LLC, Document Number L03000030365. Please do NOT file the name release letter with the Articles of Dissolution, it is attached for your reference only. (The Articles have been revised with the new statutes)

2. (FILE SECOND) The Florida Limited Liability Company Reinstatement for Lining 14054 Beach, LLC, Document Number L03000030365.

Please contact me at (904) 346-5743 if you should have any questions. Thank you for your assistance in this matter.

Sincerely,

Adam Pardue

Attachments

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14 JAN 30 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2014

R. HUN

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Lining 14054 Beach, LLC
John H. Lining, Manager
890 Seminole Road
Atlantic Beach, FL 32233

January 27, 2014

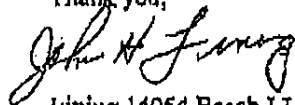
Florida Department of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Name Release Letter
Lining 14054 Beach, LLC, Document Number L12000044341

To Whom It May Concern,

We have no intention of reinstating Lining 14054 Beach, LLC, Document Number L12000044341. We would like the name to be released and used with the reinstatement of Lining 14054 Beach, LLC, Document Number L03000030365.

Thank you,



Lining 14054 Beach, LLC
By John H. Lining, Manager

JAN 30 2014

R. HUNT

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-6663

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LIMITED LIABILITY REINSTATEMENT
LINING 14054 BEACH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$793.75

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