

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E041 (12/07)

DOCUMENT # L03000030403

1. Limited Liability Company's Name

BEAVER DESIGN BUILDERS LLC

2. Principal Office Address - No P.O. Box #

4567 N. PINE ISLAND 1848 NW 86 TER

Suite, Apt. #, etc.

SUITE "D"

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

CORAL SPRINGS, FL

Zip

33351

Country

USA

Zip

33071

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

AUG 15 2003

6. FEI Number

06-1706351

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

ARISTIDE PLOUMIS

Street Address (P.O. Box Number is Not Acceptable)

1848 NW 86 TER

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*ARISTIDE PLOUMIS*

REGISTERED AGENT MUST SIGN

Date 03/03/08

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
MEM	ARISTIDE PLOUMIS	1848 NW 86 TER	CORAL SPRINGS FL 33071
MBS	GIL STEEL	4750 NW 65 AV.	FORT LAUDERDALE FL 33319

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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 608.406, 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

*ARISTIDE PLOUMIS*

Date 03/03/08

Daytime Phone# 954-401-6211

Typed or printed name of signing Managing Member/Manager

ARISTIDE PLOUMIS