

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000045827**

1. Limited Liability Company's Name

Beach Music Fernandina, LLC

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

19 Tharnt Way

Suite, Apt. #, etc.

City & State

East Hampton, NY

Zip

11937

Country

USA

3. Mailing Office Address

19 Tharnt Way

Suite, Apt. #, etc.

City & State

East Hampton

Zip

11937

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11-19-03

6. FEI Number

680573112

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 **Robert Peters**

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

28 So. 10th St.

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

Robert Peters

REGISTERED AGENT MUST SIGN

Date

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
Mgrm	Stella Miller	19 Tharnt Way	East Hampton, NY 11937

REINSTATEMENT 08-10

11. E-mail Address: **stella@sboutique@yahoo.com**

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

Stella Miller

Date

2-25-10

Daytime Phone #

**(845)
699-9601**

Typed or printed name of signing Managing Member/Manager