

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 000014066

1. Limited Liability Company's Name

Surfside 304, LLC

FILED

10 MAR -3 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000171005120

03/02/10--01027--004 **932.50

CR2E041 (11/09)

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

3294 S. Pinetree Blvd.

Suite, Apt. #, etc.

City & State

Thomasville, GA

Zip

31792 Thomas

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-11-04

6. FEI Number

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 R. Bruce Warren

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

562 Hiamonee Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☐ 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

REGISTERED AGENT MUST SIGN

Date

2/24/10

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	L Jack Megahee	3294 S. Pinetree Blvd	Thomasville, GA 31792

JB

REINSTATEMENT 2005-10

11. E-mail Address: megahee@vcoe.net

(To be used for future annual report notifications)

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

Date

2/24/2010

Daytime Phone #

229-224-1601

Typed or printed name of signing Managing Member/Manager