

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 SEP 22 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000033769**

1. Limited Liability Company's Name

**Beachfront Design & Remodeling LLC**

100136222861  
09/22/08--01054--020 \*\*396.50

CR2E041 (12/07)

|   |  |   |  |
|---|--|---|--|
| <b>2. Principal Office Address - No P.O. Box #</b><br>2900 NE 14 St, #803<br>Suite, Apt. #, etc.<br>City & State<br>Pompano Beach<br>Zip<br>33062 |  | <b>3. Mailing Office Address</b><br>2900 NE 14 St, #803<br>Suite, Apt. #, etc.<br>City & State<br>Pompano Beach<br>Zip<br>33062 |  |
| Country<br>US   |  | Country<br>US   |  |

|   |  |
|---|--|
| <b>4. State/Country of Formation</b><br>Florida   |  |
| <b>5. Date Organized or Qualified To Do Business in Florida</b><br>05/04/2004   |  |
| <b>6. FEI Number</b><br>201120666   | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b><br><input type="checkbox"/> |
| <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b> |  |

|   |             |                   |  |
|---|-------------|-------------------|--|
| <b>8. Name and Address of Current Registered Agent</b>                    |             |                   |  |
| Name<br>Charles E Smith   |             |                   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>2900 NE 14 St, #803 |             |                   |  |
| Suite, Apt. #, Etc.   |             |                   |  |
| City<br>Pompano Beach   | State<br>FL | Zip Code<br>33062 |  |

☒ 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

*Charles E Smith*

Date 09/18/ 2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| Dir    | Charles E Smith                      | 2900 NE 14 St, #803                               | Pompano Beach, FL, 33062 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

REINSTATEMENT 07-08  
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

*Charles E Smith*

Date 09/18/ 2008

Daytime Phone # 954-605-6093

Typed or printed name of signing Managing Member/Manager Charles E Smith