

200.00

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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DOCUMENT #

LU4000040661

1. Limited Liability Company's Name

Beach Front 403, LLC

CR2E041 (8/05)

2. Principal Office Address

3920 N. Ocean Dr

Suite, Apt. #, etc.

4B

City & State

Singer Island, FL

Zip

33404

Country

USA

3. Mailing Office Address

3920 N Ocean Dr.

Suite, Apt. #, etc.

4B

City & State

Singer Island, FL

Zip

33404

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

5-24-04

6. FEI Number

43-2099634

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 Scarmazzo

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

3920 N Ocean Dr

Suite, Apt. #, Etc.

4B

City

Singer Island FL

State

FL

Zip Code

33404

600073721906

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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 Scarmazzo

REGISTERED AGENT MUST SIGN

Date 3-1-06

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
MM	Robert Scarmazzo	3920 N Ocean Dr	4B, Singer Island Florida 33404

REINSTATEMENT 05-06

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

Robert Scarmazzo

Date

3-1-06

Daytime Phone #

561-628 4128

Typed or printed name of signing Managing Member/Manager