

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000047819

1. Limited Liability Company's Name

Beaches Investments, LLC

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

99 Compass Pointe Way

Suite, Apt. #, etc.

Unit 208

City & State

Watersound, FL

Zip

32413

Country

Walton

3. Mailing Office Address

P.O. Box 613308

Suite, Apt. #, etc.

City & State

Watersound, FL

Zip

32461

Country

Walton

4. State/Country of Formation

FL/Walton

5. Date Organized or Qualified

To Do Business in Florida **06/24/2004**

6. FEI Number

20-1341701

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 H. Matteson

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

99 Compass Pointe Way

Suite, Apt. #, Etc.

Unit 208

City

Watersound

State

FL

Zip Code

32413

☒ 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

Robert H. Matteson

Date **01/19/2008**

REGISTERED AGENT MUST SIGN

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	Robert H. Matteson	99 Compass Pointe Way, #208	Watersound, FL 32413
MGRM	Sandra Matteson-Pierson	49 Claron Drive	Panama City Beach, FL 32418

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REINSTATEMENT 07-09

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

R.H. Matteson

Date **01/19/2008**

Daytime Phone # **336-215-6512**

Typed or printed name of signing Managing Member/Manager **Robert H. Matteson**