

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

08 MAY 28 AM 9:40

CR2E041 (12/07)

**DOCUMENT #** L04000086510

**1. Limited Liability Company's Name**

Beach Plaza Company, LLC  
575 S. Wickham Road, Suite E  
West Melbourne, FL 32904

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

575 S. Wickham Rd

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

City & State

West Melbourne, FL

City & State

Zip

32904

Country

USA

Zip

Country

**4. State/Country of Formation**

Florida/Brevard

**5. Date Organized or Qualified  
To Do Business in Florida**

Dec. 1, 2004

**6. FEI Number**

None

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

Coy A. Clark

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

575 S. Wickham Road, Suite F

Suite, Apt. #, Etc.

City

West Melbourne,

State

FL

Zip Code

32904

☒ 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

*Coy A. Clark*

REGISTERED AGENT MUST SIGN

Date 3-18-08

**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
MGR	Coy A. Clark	575 S. Wickham Rd, Suite E	West Melbourne, FL 32904

REINSTATEMENT

W/O/P 05-08  
100130066661  
05/22/08--01005--005 \*\*\$05.00

FF \$555.00

**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

*Coy A. Clark*

Date 3-18-08

Daytime Phone # 321-723-9888

Typed or printed name of signing Managing Member/Manager Coy A. Clark

None not owed.  
\$555