


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000003049		
1. Entity Name PLASTER PLAYHOUSE BEACHSIDE, LLC		

Principal Place of Business 1910 CEDAR AVE. MELBOURNE BEACH, FL 32951	Mailing Address 1910 CEDAR AVE. MELBOURNE BEACH, FL 32951
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2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 NOV 15 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132006 REIN-LLC CR2E101 (11/05)

4. FEI Number <i>202139737</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHERRY, SUSAN E 1910 CEDAR AVE. MELBOURNE BEACH, FL 32951	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Sherry* (NOTE: Registered Agent signature required when reinstating) DATE *11-12-06*

FILE NOW! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manager Susan Sherry 1910 Cedar Lane Melbourne Beach FL 32951</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Susan Sherry* DATE *11-12-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE