

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 PM 4:00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000015112

1. Limited Liability Company's Name
PC BEACH WEST, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 1400 McCrory Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Birmingham, AL		City & State	
Zip 35216	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/14/2005	
6. FEI Number 20-2334110	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Rob Blue, Jr.

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

Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32401

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 *Rob Blue, Jr.* Date 10-8-07

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
MGR	Lucius S. Evins, III	1400 McCrory Drive	Birmingham, AL 35216
<p>REINSTATEMENT 2006, 2007</p> <p>FOO110920157 10/17/07--01074--006 **200.00</p>			

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 *Lucius S. Evins, III* Date 10-8-07 Daytime Phone # 850-769-1414 ext 229

Typed or printed name of signing Managing Member/Manager
Lucius S. Evins, III

BURKE BLUE
HUTCHISON WALTERS & SMITH, P.A.
ATTORNEYS AND COUNSELORS AT LAW

LES W. BURKE
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JEFFREY C. BASSETT
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OF COUNSEL

*ALSO ADMITTED IN ALABAMA
**CERTIFIED CIRCUIT MEDIATOR
***ALSO ADMITTED IN GEORGIA
****ALSO ADMITTED IN NEW YORK
*****ALSO ADMITTED IN OHIO

October 15, 2007

State of Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Fl 32314

RE: PC Beach West, LLC
Our File Number: P406-16809

Dear Division:

Please find enclosed the reinstatement form for the above referenced company, along with their check for \$200.00 for the filing fee, 2006 and 2007 annual report filings.

We are filing this on behalf of our clients, PC Beach West, LLC, therefore, if you have any questions, please call me, my number is 850-796-1414 ext 229.

Sincerely,

BURKE BLUE
HUTCHISON WALTERS & SMITH, P.A.



Jo Faucheux
Paralegal to
Rob Blue, Jr.

jf
Enclosure(s)