

L05000017183

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 31 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000017183

1. Limited Liability Company's Name

Front Beach Road Properties, LLC

BK

CR2E041 (1/07)

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

604 Wood Trail

Suite, Apt. #, etc.

3. Mailing Office Address

604 Wood Trail

Suite, Apt. #, etc.

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

2/18/05

6. FEI Number

522452969

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

James D. Holsombake

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

604 Wood Trail

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/30/07

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	Eddie R. Eanes	4004 East 3rd Street	Panama City, FL 32404
MGRM	James D. Holsombake	604 Wood Trail	Panama City, FL 32405
			300103922203
			05/05/07--01051--022 **180.00
REINSTATEMENT 2007			

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

[Signature]

Date 5/30/07

Daytime Phone # 850-832-0330

Typed or printed name of signing Managing Member/Manager

James D. Holsombake