

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 29 PM 2:19

DOCUMENT # L05000024253

1. Limited Liability Company's Name

Beekman Place Advisors, LLC

CR2E041 (10/08)

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

5900 Shore Blvd South

Suite, Apt. #, etc.

Unit 402

City & State

Gulf Port

Zip

33707

Country

USA

3. Mailing Office Address

PO Box 531264

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

33747

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/8/2005

6. FEI Number

20-2506776

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

Beekman Place Advisors, LLC

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

5900 Shore Blvd. South

Suite, Apt. #, Etc.

Unit 402

City

Gulf Port

State

FL

Zip Code

33707

☒ 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

Thomas Devine

Date 9/30/08

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	Thomas Devine	5900 Shore Blvd. So, Unit 402	Gulf Port, FL 33707

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10/27/08--01058--001 **277.50

REINSTATEMENT

2008

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

Thomas M Devine

Date 9/30/08

Daytime Phone#

917 8605254

Typed or printed name of signing Managing Member/Manager Thomas G Devine