

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUN -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100156686261
06/02/09--01037--018 **\$60.00

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000024255

1. Limited Liability Company's Name

Beanpot Realty Trust II, LLC

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

119 Hill Street

Suite, Apt. #, etc.

City & State

Topsfield MA

Zip

01983

Country

USA

3. Mailing Office Address

119 Hill Street

Suite, Apt. #, etc.

City & State

Topsfield MA

Zip

01983

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 3/10/2005

6. FEI Number

☒ 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

Matthew L. Grabinski, Esq.

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

4001 Tamiami Trail N

Suite, Apt. #, Etc.

Suite 300

City

Napels

State

FL

Zip Code

34103

☒ 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]

Date 5/26/09

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	George E Sullivan	119 Hill Street	Topsfield MA 01983
MGRM	Tammy L Sullivan	119 Hill Street	Topsfield MA 01983

REINSTATEMENT

06-09 AL

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 5/20/09

Daytime Phone #

978-500-6919

Typed or printed name of signing Managing Member/Manager George E Sullivan