

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/11/09--01002--005 **282.50

CR2E041 (10/08)

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DOCUMENT # L05000032122

1. Limited Liability Company's Name

BEACHRIDGE, LLC

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

916 N. MONROE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2442

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32316

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 04/01/2005

6. FEI Number

202825256

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

BRECK BRANNEN, PENNINGTON LAW FIRM

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

215 SOUTH MONROE STREET, 2ND FLOOR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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 3-10-09

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	WINDSTORM MITIGATION, INC.	916 N. MONROE STREET	TALLAHASSEE, FL 32303

REINSTATEMENT 2008-2009

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

Ken Cashin, as President of Windstorm Mitigation, Inc.

Date 3-10-09 Daytime Phone # 850/575-9267

Typed or printed name of signing Managing Member/Manager Ken Cashin as President of Windstorm Mitigation, Inc.