

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:12

DOCUMENT # **L05000045164**

1. Limited Liability Company's Name

Beatrice Walk Development, LLC

CR2E041 (8/05)

2. Principal Office Address

6101 Gazebo Park Pl. N.

Suite, Apt. #, etc.

Ste. 107

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

6101 Gazebo Park Pl. N.

Suite, Apt. #, etc.

Ste. 107

City & State

Jacksonville, FL

Zip

32257

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

5/6/06

6. FEI Number

20-2749464

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

J. Howard Sheffield, Esq.

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

6101 Gazebo Park Pl. N.

Suite, Apt. #, Etc.

Ste. 101

City

Jacksonville

State

FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date

12/6/06

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
MERM	David A. Shacter	6101 Gazebo Park Pl. N. Ste. 107	Jacksonville, FL 32257

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

Date **12-6-06**

Daytime Phone# **(904) 493-7850**

Typed or printed name of signing Managing Member/Manager

David A. Shacter



December 5, 2006

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Beatrice Walk Development, LLC
Reinstatement Fee

Please waive the annual report fee for this application for reinstatement. The fee was paid when originally submitted for renewal in July. A copy of the check is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Shacter". The signature is fluid and cursive, with a long horizontal line extending from the end.

David A. Shacter, Managing Member
Beatrice Walk Development, LLC

DS/jf

H:/.../Beatrice Walk/LLC reinstatement 120506.doc