

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180408428
05/05/10--01006--015 **516.25

CR2E041 (11/09)

DOCUMENT # L05000049578

1. Limited Liability Company's Name

Beach Hill Development Coral Springs LLC

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

4208 18th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Brooklyn, NY

City & State

Zip

11218

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/18/2005

6. FEI Number

20-2858119

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

Marc D. Kleiner

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

18305 Biscayne Blvd

Suite, Apt. #, Etc.

402

City

Aventura

State

FL

Zip Code

33160

☒ 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 4/23/07

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	PAS FL LLC	4208 18th Ave	Brooklyn NY 11218

REINSTATEMENT 08-10

DB

11. E-mail Address: michael@parkstonecapital.com

(To be used for future annual report notifications)

12. 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 4/23/05

Daytime Phone # 718-871-3400 x107

Typed or printed name of signing Managing Member/Manager