

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

09 APR -2 PM 1:10

DOCUMENT # L06000020176

1. Limited Liability Company's Name

Beach Medical Specialists, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2033 S. Patrick Drive Suite, Apt. #, etc.		3. Mailing Office Address 2033 S. Patrick Drive Suite, Apt. #, etc.	
City & State Indian Harbour Beach, FL		City & State Indian Harbour Beach, FL	
Zip 32937	Country USA	Zip 32937	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 02/23/2006	
6. FEI Number 20-4364668	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Daniel K. Beirne		
Street Address (P.O. Box Number is Not Acceptable) 2033 S. Patrick Drive		
Suite, Apt. #, Etc.		
City Indian Harbour Beach	State FL	Zip Code 32937

☒ 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

Date

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
Pres.	Daniel K. Beirne	2033 S. Patrick Drive	Indian Harbour Beach, FL 32937

500145063715
03/05/09--01037--013 **416.25

REINSTATEMENT 2007-09

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

2063

Beach Medical Specialists, LLC
2033 South Patrick Drive
Indian Harbour Beach, Florida 32937
Phone: 321-773-9898 Fax: 321-773-3354

March 25, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please reinstate our corporate name as originally given to us by the State of Florida in 2006 based on the following:

1. We were granted our name, **Beach Medical Specialists, LLC** during the time when name clearance was not required.
2. We are aware of PO 4000067317 located in North Florida in the city of Jacksonville.
3. We have had no apparent problems regarding name infringement with this other entity and do not anticipate any in the future. We are located in different regions of the state.
4. The conflicting name of the other entity was in place in 2006 when we submitted and there has been no complaints from that company.
5. We will not hold the State of Florida liable for allowing us to reinstate our corporate name as originally given in 2006 should name infringement problems occur in the future.

Your attention to this matter is greatly appreciated. I have enclosed the LLC reinstatement form that was previously submitted and letter # 709A00008336.

Sincerely,

Kelly Walker-Beirne

Kelly Walker-Beirne
Administrator