

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 NOV 16 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/16/10--01045--015 \*\*660.00

CR2E041 (05/10)

DOCUMENT # L06000076800

1. Limited Liability Company's Name

Beracah, LLC

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

9020 NW 9th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5013

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hollywood, FL

Zip

33150

Country

USA

Zip

33083

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

7/31/2006

6. FEI Number

33-1141799

☐ 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

Archelaus Whitehead, Jr.

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

9020 NW 9th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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

Nov. 11, 2010

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
<u>MGRM</u>	<u>Archelaus Whitehead, Jr.</u>	<u>9020 N.W. 9th Ave.</u>	<u>Miami, FL 33150</u>

REINSTATEMENT 07/10  
AL

11. E-mail Address: archelausw@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver of 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

Archelaus Whitehead, Jr.

Date

11/11/10

Daytime Phone #

786-294-0397

Typed or printed name of signing Managing Member/Manager

Archelaus Whitehead, Jr.