

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 -3 PM 2:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000101682

1. Limited Liability Company's Name

White Sands Beach Investor LLC

300144783973
03/03/09--01003--009 **416.25

CR2E041 (10/08)

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

150 South University Dr.

Suite, Apt. #, etc.

#C

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

33324

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Paul Franson

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

150 South University Dr. #C

Suite, Apt. #, Etc.

#C

City

Plantation

State

FL

Zip Code

33324

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

2/20/09

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	Paul Franson	150 So. University Dr. #C	Plantation, FL 33324

REINSTATEMENT

07, 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

[Signature]

Date

2/20/09

Daytime Phone #

954-4729144

Typed or printed name of signing Managing Member/Manager

N. Graham

MAR - 4 2009