

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 16 AM 11:52

DOCUMENT # LO6000122963

1. Limited Liability Company's Name

FLORIDA BEACH OCEAN VIEW LLC

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

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

3. Mailing Office Address

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12/29/06

6. FEI Number

20-B139533

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

OSCAR L. SAVARY JR

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

1271 RIO GRANDE CIRCLE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

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 12-12-08

☒ 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.

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
MGR	BLESSED PROPERTIES INC	1509 GREEN MOUNTAIN DR	LITTLE ROCK, AR 72211

REINSTATEMENT 2008

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12/15/08--01060--016 \*\*138.75

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 12-12-08

Daytime Phone # 850-607-2338

Typed or printed name of signing Managing Member/Manager

OSCAR L. SAVARY JR