

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 AUG 14 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA400159014614  
07/29/09--01034--003 \*\*138.75

CR2E041 (10/08)

DOCUMENT # L 06000122963

1. Limited Liability Company's Name

FLORIDA BEACH OCEANVIEW, LLC

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

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

1271 RIO GRANDE CIR

Suite, Apt. #, etc.

City &amp; State

PENSACOLA, FLORIDA

Zip

32505

Country

U.S.A.

City &amp; State

PENSACOLA, FLORIDA

Zip

32505

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-8139533

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 XSR

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

1271 RIO GRANDE CIRCLE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

☒ 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

REGISTERED AGENT MUST SIGN

Date 7-27-09

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
	MIER BLESSED PROPERTIES, INC	1509 GREEN MTR DR	LITTLE ROCK, AR, 72211

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

7/27/09

Daytime Phone #

850 725-6202

Typed or printed name of signing Managing Member/Manager

OSCAR L. SAVARY XSR