

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000045448

1. Limited Liability Company's Name

RESORT BY THE BEACH LLC

2010 FEB -2 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000165748730
01/11/10--01052--003 **138.75

CR2E041 (10/09)

2. Principal Office Address - No P.O. Box #
4040 GALT OCEAN DRIVE

Suite, Apt. #, etc.
#605

City & State
FT. LAUDERDALE, FL

Zip Country
33308 USA

3. Mailing Office Address
908 NORTHEAST 4TH AVENUE

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

Zip Country
33304 USA

4. State/Country of Formation FL

5. Date Organized or Qualified
To Do Business in Florida 04/27/2007

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
ALEX ULITSKY

Street Address (P.O. Box Number is Not Acceptable)
908 NORTHEAST 4TH AVENUE

Suite, Apt. #, Etc.

City State Zip Code
FT. LAUDERDALE FL 33304

☒ 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 recieved and requesting the \$100 reinstatement fee 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

000165748730
02/02/10--01028--012 **416.25

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
MM	ALEX ULITSKY	908 NORTHEAST 4TH AVENUE	FT. LAUDERDALE, FL 33304

REINSTATEMENT

08-10
02-23-10

11. E-mail Address: BYNDSL@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 1/2/2010 Daytime Phone # 954-937-8224

Typed or printed name of signing Managing Member/Manager