

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000098812

1. Entity Name  
BEACH BOTANICALS, LLC



FILED

08 DEC 23 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12182008 REIN-LLC CR2E101 (1/07)

|   |         |   |                |
|---|---------|---|----------------|
| Principal Place of Business<br>1160 Mandalay Point Road<br>Clearwater, FL 33767 |         | Mailing Address<br>1160 Mandalay Point Road<br>Clearwater, FL 33767 |                |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.           |         | 3. Mailing Address<br>1219 Franklin Circle<br>Suite, Apt. #, etc.   |                |
| City & State  |         | City & State<br>Clearwater, FL                                      |                |
| Zip   | Country | Zip<br>33756  | Country<br>USA |
| 4. FEI Number   |         | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |                |
| 5. Certificate of Status Desired <input type="checkbox"/>                       |         | \$5.00 Additional Fee Required                                      |                |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>BROWNLEE, HUNTER J<br>FOWLER WHITE BOGGS BANKER, P.A.<br>501 E. KENNEDY BLVD., SUITE 1700<br>TAMPA, FL 33602 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| FILE NOW!!! FEE IS \$138.75<br>After January 1, 2009, Fee will be \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>MGRM<br>ROBERT E. CROWN<br>1160 MANDALAY POINT ROAD<br>CLEARWATER FL 33767 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>100139241951<br>12/23/08--01023--007 **138.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert E. Crown 12/18/08 727-446-3091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT