


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 23 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000098812 1. Entity Name BEACH BOTANICALS, LLC		
Principal Place of Business 1160 MANDALAY POINT ROAD CLEARWATER, FL 33767		Mailing Address 1160 MANDALAY POINT ROAD CLEARWATER, FL 33767
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1219 Franklin Circle Suite, Apt. #, etc.	
City & State		City & State Clearwater, FL
Zip	Country	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip 33756	Country USA	12182008 REIN-LLC CR2E101 (1/07)



6. Name and Address of Current Registered Agent BROWNLEE, HUNTER J FOWLER WHITE BOGGS BANKER, P.A. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 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 Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGRM ROBERT E. CROWN 1160 MANDALAY POINT ROAD CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139241951 12/23/08--01023--007 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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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 **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 #