

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000015357

1. Limited Liability Company's Name

4020 BEACON SQUARE LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 302 SHADDOCK ST		3. Mailing Office Address 2577EASTLAWN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SRPINGS FL		City & State YPSILANTI MI	
Zip 34689	Country USA	Zip 48197	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/13/2009	
6. FEI Number 27-2543819	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name GREGORY G GAY ESQUIRE			
Street Address (P.O. Box Number is Not Acceptable) 5318 BALSAM STREET			
Suite, Apt. #, Etc.			
City NEW PORT RICHEY		State FL	Zip Code 34652

300188464253
12/07/10--01040--006 **138.75

300188464253
12/07/10--01040--008 **100.00

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

Nov 19 2010

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
MGRM	JOSEPH AMADOR JR	302 SHADDOCK ST	TARPON SRPINGS FL 34689
REINSTATEMENT 2010			
L. SELLERS			
DEC - 8 2010			
EXAMINER			

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 **11/11/10**

Daytime Phone #

7342315199

Typed or printed name of signing Managing Member/Manager