PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED CIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secrétary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000015357

1. Limited Liability Company's Name

FILED

10 DEC -6 PM 4:17

SECRESARY OF STATE TALLAHASSES FLORIDA

4020 BEACON SQUARE LLC

2. Principal Office Address - No P O. Box # 302 SHADDOCK ST 2577EASTLAWN 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 02/13/2009 City & State YPSILANTI MI 5. Date Organized or Qualified To Do Business in Florida 02/13/2009 TARPON SRPINGS FL YPSILANTI MI 6. FEI Number 27-2543819 7. Centrity 34689 USA 48197 USA 7. Centrity USA 7. CERTIFICATE OF STATUS DESIRED 5.00 Address of or a Centrification Status Street Address (P O. Box Number is Not Acceptable) 5.318 BALSAM STREET 12/07/10-01040-006 **138.75 Suite, Apt. #, Etc. City State Zip Code FL 34652 12/07/10-01040-008 **100.00 9. 1, 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 Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip								CR2E041 (05/10)			
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Signature of Managing Member/Manager July amada h Date 1/1/1/0 Daytime Phone # 7347-315199	filing this r all fees ow	reinstatement application the reason fo ved by the limited liability company hav	r dissolution has I	peen elimin	ated, the	limited liability	compa	ny name satisfie:	s the requirements of section	n 608.406, F.S., and that	
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