

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 16 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100193764081
02/09/11--01037--015 **238.75

CR2E041 (1/11)

DOCUMENT # LD9000088031

1. Limited Liability Company's Name

VIP Beach Services

2. Principal Office Address - No P.O. Box #

8068 Navarre PKWY

Suite, Apt. #, etc.

STE 136

City & State

Navarre, FL

Zip Country

32566 U.S.

3. Mailing Office Address

8068 Navarre PKWY

Suite, Apt. #, etc.

STE 136

City & State

Navarre, FL

Zip Country

32566 U.S.

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

MAY 2010

6. FEI Number

80-0530369

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 James Lee Calkins

Street Address (P.O. Box Number is Not Acceptable)

8068 Navarre Parkway

Suite, Apt. #, Etc.

Suite #136

City

Navarre

State

FL

Zip Code

32566

E-mail Address:

100193764081
03/11/11--01001--013 **138.75

vipbeachservices@gmail.com
(To be used for future annual report notices)

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

[Signature]

Date 2/07/11

REGISTERED AGENT MUST SIGN

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
MEM	James Calkins	8068 Navarre Parkway #136	Navarre, FL 32566
	L. SELLERS		
	MAR 17 2011		
	EXAMINER	REINSTATEMENT	10-11

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 2/28/11

Daytime Phone # 850-313-1104

Typed or printed name of signing Managing Member/Manager