PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 OCT -6 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000036284

1. Limited Liability Company's Name
MILLER BEACH MANAGEMENT

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
387 LEONI ST		387 LEONI ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NEW SMYRNA BEACH		City & State: NEW SMYRNA BEACH	
Zip: 32168	Country: USA	Zip: 32168	Country: USA

CR2E041 (1/14)

4. State/Country of Formation: FL/USA
5. Date Organized or Qualified To Do Business in Florida: 3/29/12
6. FEI Number: 80-0797490 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ CURRENT

8. Name and Address of Current Registered Agent

Name: CHARLES M. SOFIAK
Street Address (P.O. Box Number is Not Acceptable) Suite: 387 LEONI ST
Apt. #, Etc.:
City: NEW SMYRNA BEACH | State: FL | Zip Code: 32168

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 9-30-15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MRS	NANCY T. SOFIAK	387 LEONI ST	NEW SMYRNA BEACH FL 32168

REINSTATEMENT 2013 2015

11. E-mail Address: SOFIAK1@AOL.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: [signature] Date: 9-30-15 Daytime Phone #: 386-547-7122

Typed or printed name of signing authorized representative/member