

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 12000127106

## 1. Limited Liability Company's Name

BEACH BEAR Weekend LLC  
2013 & 2014

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

305 NE 215 CT

Suite, Apt. #, etc.

## 3. Mailing Office Address

305 NE 215 CT

Suite, Apt. #, etc.

## City &amp; State

WILTON MANORS FL

## City &amp; State

WILTON MANORS FL

## Zip

33305

## Country

BROWARD

## Zip

33305

## Country

BROWARD

## 4. State/Country of Formation

BROWARD - FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/2012

## 6. FEI Number

46-1140882

## 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

ROBERT C YOUNG JR

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

305 NE 215 CT

## Suite, Apt. #, Etc.

4

## City

WILTON MANORS FL

## State

FL

## Zip Code

33305

## 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

Robert C Young Jr

REGISTERED AGENT MUST SIGN

Date 8.10.2014

## 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
PRES	ROBERT C. YOUNG JR	305 NE 215 CT	WILTON MANORS FL 33305

## 11. E-mail Address:

BOB YOUNG FLA @ ME . 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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

## Signature of

Authorized Representative/Manager

Robert C Young Jr

Date

8.10.2014

Daytime Phone #

754 218 0723

Typed or printed name of signing Authorized Representative/Manager

R. C. Young Jr

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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