

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000112881

1. Limited Liability Company's Name

326 Beachside Dr, LLC

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

10570 Front Beach Rd

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32407

Country

3. Mailing Office Address

10570 Front Beach Rd

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32407

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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 W. Bradley

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

10570 Front Beach Rd

Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

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

James W. Bradley
REGISTERED AGENT MUST SIGN

Date 2/1/16

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
Mgr	James W. Bradley	10570 Front Beach Rd	Panama City Beach, FL 32407

11. E-mail Address jimbradley008@yahoo.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

James W. Bradley
2/1/16
James W. Bradley

Daytime Phone #

850 276 0302

Typed or printed name of signing authorized representative/member