PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'00 OCT 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 97000000805

1. Limited Liability Company's Name
Beachwalker Properties L.C.

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
45 E. First St	2017 Cardinal Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St George, Island	City & State: North Liberty, IA.
Zip: 32328 Country: USA	Zip: 52317 Country: USA

4. State/Country of Formation —

5. Date Organized or Qualified To Do Business in Florida 7/28/97

6. FEI Number 42-1438431 ☐ 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: Leroy G. Noel

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-11/07/00--01127--004
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 541 E. First Street

Suite, Apt. #, Etc.

City: St George Island | State: FL | Zip Code: 32328

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: Leroy G. Noel — REGISTERED AGENT MUST SIGN — Date: 10/27/00

CR2E041 (9/99)

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
Managing Member	Leroy G. Noel	2017 Cardinal Lane	North Liberty, Iowa 52317
Member	~~Leroy~~ Mary S. Noel	2017 Cardinal Ln.	North Liberty, Iowa 52317

LB 10-27-00

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.

Signature of Managing Member/Manager: Leroy G. Noel — Date: 10/27/00 — Daytime Phone #: 319-626-6050

Typed or printed name of signing Managing Member/Manager: Leroy G Noel