

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

00 JAN 20 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Beta One of Alachua, L.L.C.

2. Principal Office Address

171 SAN MARCO

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

Zip

32084

Country

USA

3. Mailing Office Address

Same as office

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

Zip

Country

REINSTATEMENT 1999-21

FEI# 59-3540134

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3540134

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Todd Watson, Attorney at Law

000003118840-2

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

7785 Baymeadows Way, Suite 107

02/01/00-01093-004

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	TOMAS SALGADO	4 EDWIN ST, ST AUGUSTINE, FL 32084	000003118840-2 02/01/00-01093-005 ****50.00 ****50.00
		226 BONITA ROAD ST. AUGUSTINE, FL 32086	

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

Date 11/17/99

Daytime Phone # 904-827-0095

Typed or printed name of signing Managing Member/Manager

TOMAS SALGADO, MGR.