

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAB COMPANY REINSTATEM		Secretar	TMENT OF STATE y of State corporations		100 OCT -3 PM L DEDITETARY OF ST NELAHASSEE, FLO	Ale	
DOCUMENT # L98000002949 1. Limited Llability Company's Name				1 1	/LLAHA53EE+FE	UNIUM	
Gulf Front Beach LC				500136438665 09/29/0801061008 **377.50			
2. Principal Office Addres 110 12th St Suite, Apt. #, etc. Unit 122		Suite, Apt. #, etc.	P. O. Box 273 Apt. #, etc.		CR2E041 (12/07) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11-20-98		
City & State Bradenton B	each, FL	Bradenton Beach, FL		6. FEI Number Applied For			
^{Zip} 34217	Country USA	Zip 34217	Country USA	59-354	S5.00	Not Applicable Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent							
John R. Touchton Street Address (P.O. Box Number is Not Acceptable) 110 12th Street South Suite, Apt. #, Etc. Unit 122 City Bradenton Beach, State Zip Code FL 34217				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and at Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date $\sqrt{9-23-08}$		
10. Names and Street Addresses of Managing Members/Managers							
Titles Name of Street Address or Managing Members/Managers Managing Members			Street Address of Each Managing Member/Mana	ger	City / State	/ Zip	
MGR John R. Touchton			110 12th Street South Unit 122		Bradenton Beach, FL 34217		
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 filling this reinstatement application the reason for dissolution has been similated, 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 Manager Date 19-23 - 08 Daytime Phone # 863-289-8989 Typed or printed name of signing Managing Member/Manager John R. Touch ton							