

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 FEB -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000144

1. Limited Liability Company's Name

American Beach Properties, LLC

2. Principal Office Address

PO Box 15666

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32035

Country

USA

3. Mailing Office Address

PO Box 15666

Suite, Apt. #, etc.

City & State

Fernandina Bch, FL

Zip

32035

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-356 0130

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

Tony T. Brown

500003742855-9

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

2901 S. Fletcher Ave.

02/20/01-01044-024

****\$5.00 ****\$5.00

Suite, Apt. #, Etc.

City

Fernandina Bch.

State

FL

Zip Code

32034

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

Tony T. R.

Date 2/6/01

REGISTERED AGENT MUST SIGN

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 Partner	Tony T. Brown	2901 S. Fletcher Ave.	Fernandina Bch, FL 32034
			<u>500003742855-9</u>
			<u>02/20/01-01044-025</u>
			<u>****145.00 ****145.00</u>
			REINSTATEMENT <u>02/01</u>

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

Tony T. R.

Date

2/6/01

Daytime Phone #

(904) 556-5665

Typed or printed name of signing Managing Member/Manager

Tony T. Brown