

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L99000000144

1. Limited Liability Company's Name

American Beach Properties, LLC

MJH

4/16

2. Principal Office Address

P.O. Box 15666

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Zip 32035

Country

Zip 32

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/08/99

6. FEI Number

59-3560130

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

Brown, L

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

45575 Burney Rd

Suite, Apt. #, Etc.

City

Amelia Island

500029967705

03/08/04 - 01005-010

\$200.00

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

Lawanda Brown

REGISTERED AGENT MUST SIGN

Date 04/07/04

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	Brown, Lawanda	P.O. Box 15666	Fernandina Bch, FL

REINSTATEMENT 2003-2004

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

Lawanda Brown

Date

04/07/04

Daytime Phone #

9045561156

Typed or printed name of signing Managing Member/Manager

LAWANDA BROWN

CR2ED41 (10/02)