PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 10 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000132922970
07/15/08--01009--013 **100.00

CR2E041 (12/07)

DOCUMENT # M01000000359

1. Limited Liability Company's Name
SugarBeach LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3925 Hwy 30A	
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Santa Rosa Beach	City & State
Zip: 32459 / County: USA	Zip / County

4. State/Country of Formation: Tennessee USA
5. Date Organized or Qualified To Do Business in Florida: 03/15/1999
6. FEI Number: 62-1773058 — 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: Louis Ricci
Street Address (P.O. Box Number is Not Acceptable): 3925 Hwy 30A
Suite, Apt. #, Etc.: Suite B
City: Santa Rosa Beach | State: FL | Zip Code: 32459

☐ 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 accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Louis Ricci — Date: 6/17/08
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
Mgrm	Louis Ricci	3925 Hwy 30A	Santa Rosa Beach, FL 32459
			06/23/08 01039-002
	REINSTATEMENT 02-08		

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 608.408, 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: Louis Ricci — Date: 6/17/08 — Daytime Phone #: 901-337-6762

Typed or printed name of signing Managing Member/Manager: Louis Ricci