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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC -4 AM 10: 23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002113

Name and Mailing Address

0000439 01 AV 0.278 **AUTO T3 1 0615 33134-541850

BEACON-FL, LLC
2333 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134-5418

800025202344
12/04/03--01007--005 **150.00

CR2E084 (7/03)

2. New Mailing Address
9975 NW 12 STREET

City, State, Zip
MIAMI FL 33172

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
08/12/2002

Principal Place of Business
2333 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
03-0425998

☐ 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**

FARR, VERONICA
2333 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

9. **Name and Address of New Registered Agent**

Name: MICHELLE AUSTIN

Street Address (P.O. Box Number is Not Acceptable): 2333 PONCE de LEON BLVD #600

City: CORAL GABLES FL Zip Code: 33134

10. I, being appointed the new 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: Michelle Austin SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-1-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HERMAN, JOSEPH	2333 PONCE DE LEON BLVD., SUITE 600	CORAL GABLES FL 33134
MGR	YUSKO, DAVID A	2333 PONCE DE LEON BLVD., SUITE 600	CORAL GABLES FL 33134
MGR	FARR, VERONICA	2333 PONCE DE LEON BLVD., SUITE 600	CORAL GABLES FL 33134
		REINSTATEMENT 2003	

12. 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/Manage: SIGNATURE REQUIRED

Date 12-1-03 Daytime Phone 305-774-7690

Typed or printed name of signing Managing Member/Manager