


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 NOV 18 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04000002259

1. Limited Liability Company's Name

Magnolia Beach, LLC

300162497703
11/04/09--01035--001 **900.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2002 Summit Blvd		3. Mailing Office Address 2002 Summit Blvd	
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30319	Country USA	Zip 30319	Country USA

4. State/Country of Formation

GA

5. Date Organized or Qualified To Do Business in Florida

6/10/2004

6. FEI Number

20-1160797

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

William J. Rea, Jr.

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

100 South Bridge LN C-213

Suite, Apt. #, Etc.

Box 613266

City

Watersound Beach

State

FL

Zip Code

32461

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/19/2009

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	William J. Rea, Jr.	2002 Summit Blvd, Ste 1000	Atlanta, GA 30319

S. HAWKES

NOV 19 2009

EXAMINER

REINSTATEMENT

2008-09

11. E-mail Address: billrea@readevelop.com

(To be used for future annual report notifications)

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/Manager

Date 11/19/2009

Daytime Phone # 404 273 1892

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

MAGNOLIA BEACH LLC
2002 SUMMIT BLVD 1000
ATLANTA, GA 30319

SUBJECT: MAGNOLIA BEACH, LLC
Ref. Number: M04000002259

We have received your document for MAGNOLIA BEACH, LLC and your check(s) totaling \$908.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$382.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00035771