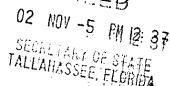
**APPLICATION FOR** REINSTATEMENT **DIVISION OF CORPORATIONS** 

1. DOCUMENT # M9800000523

Name and Mailing Address

0008323 01 FP 0.352 \*\*PRSRT T5 0 0815 76710-437685 Harbitaladaa#Marabababbabbbabbbbbbbbbb BOOKENDS BEACH II, L.L.C. 5601 EDMOND, SUITE M WACO TX 76710-4376



150.00



New Mailing Address					4. State/Country of Formation  TX  5. Date Organized or Qualified				
incipal Place of Business 3. New Principal			cipal Place of Business Address		6. FEI Number				Applied For
					74-2875051				Not Applicable
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requirements for a Certificate of Status				
	8. Name and Address of Curr	rent Registered Ager			9. Name and	Address of New Regi	stered Ag	ent	······································
				Name					
ANCHORS, C. LEDON 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547			Street Address		ss (P.O. Box Number is Not Acceptable)				
				City	· · · · · · · · · · · · · · · · · · ·		FL	Zip (	Code
<u>-</u>				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	eranden med times to the transfer of	Edipoli da	<del>,,, ,, ,</del>	·
). 1, bein	g appointed the registered agent of the	he above named limit	ed liability company,	am familiar with	and accept the obliq	gations of Chapter 608	3, F.S.		
nature of	_	1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-					
		÷		·-		Date			
	Agent	REGISTERED AGE	NT MUST SIGN			Date			
gistered A			Commission of Section 19 A 1994	## 10 # 10 PO TENTE   10 PO TE	Andrew of the second se	Date			
gistered A	Agent	aging Member/Manag	jer Stre	eet Address of Ea ging Member/Ma			ity / State	/ <b>Z</b> ip	
gistered A	and Street Addresses of Each Mana	aging Member/Manag	jer Stre	ging Member/Ma			ity / State	/ <b>Z</b> ip	
egistered A	and Street Addresses of Each Mana Name of Managin Members/Manage	aging Member/Manag	jer Stre Manaç	ging Member/Ma		Ci	ity / State /	/ Zip	and the second second
Names  Names  itle(s)	and Street Addresses of Each Mana Name of Managin Members/Manage POWER, MICHAEL	aging Member/Manag	er Stre Manag 5601 EDMOND	ging Member/Ma		Ci WACO TX 7	ity / State /		59
gistered A  Names  Title(s)  MGR	and Street Addresses of Each Mana Name of Managin Members/Manage  POWER, MICHAEL  POWER, KRISTIN  PAULS, TIM  PAULS, ALICE	aging Member/Manag g rs	Stree Manage 5601 EDMOND 5601 EDMOND 5601 EDMOND 682 DUNE DRIV	ging Member/Ma , SUITE M , SUITE M		WACO TX 7	ity / State . 76710 76710 A BEACH F	EL 324	
Names I Names Title(s) MGR MGR	and Street Addresses of Each Mana Name of Managin Members/Manage  POWER, MICHAEL  POWER, KRISTIN  PAULS, TIM  PAULS, ALICE	aging Member/Manag	Stree Manage 5601 EDMOND 5601 EDMOND 5601 EDMOND 682 DUNE DRIV	ging Member/Ma , SUITE M , SUITE M		WACO TX 7 WACO TX 7 SANTA ROSA	ity / State . 76710 76710 A BEACH F	EL 324	

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.

Managing Member/Manager

Date 10/21/02 Daytime Phone # 254-772-603/