

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

M9800000523

FILED

02 NOV -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008814232

11/05/02--01108--012 **1550 SC

150.00

0008323 01 FP 0.352 **PRSRT T5 0 0815 76710-437685



BOOKENDS BEACH II, L.L.C.
5601 EDMOND, SUITE M
WACO TX 76710-4376



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		TX	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
5601 EDMOND, SUITE M WACO TX 76710		05/26/1998	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		74-2875051	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANCHORS, C. LEDON 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. 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 _____ Date _____

REGISTERED AGENT MUST SIGN

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	POWER, MICHAEL	5601 EDMOND, SUITE M	WACO TX 76710
MGR	POWER, KRISTIN	5601 EDMOND, SUITE M	WACO TX 76710
MGR	PAULS, TIM	82 DUNE DRIVE	SANTA ROSA BEACH FL 32459
MGR	PAULS, ALICE	82 DUNE DRIVE	SANTA ROSA BEACH FL 32459
REINSTATEMENT 2002			
BPK			

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 [Signature] Date 10/21/02 Daytime Phone # 254-772-6031

Typed or printed name of signing Managing Member/Manager Michael Power, President