


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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

1. DOCUMENT # L01000005664
 Name and Mailing Address

0002522 01 AT 0.292 **AUTO T1 0 0615 32550-101577
 LEISURE PROPERTIES, L.L.C.
 P.O. BOX 6877
 DESTIN FL 32550-1015



2. New Mailing Address P.O. Box 6877		4. State/Country of Formation FL	
City, State, Zip Miramar Beach, FL 32550		5. Date Organized or Qualified To Do Business in Florida 04/11/2001	
Principal Place of Business 2891 SCENIC GULF DRIVE DESTIN FL 32550	3. New Principal Place of Business Address	6. FEI Number 59-3725001 APPLIED FOR	Applied For Not Applicable
City, State, Zip		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 MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 301 DESTIN FL		9. Name and Address of New Registered Agent	
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: *[Signature]* **SIGNATURE REQUIRED** Date: 11/5/03
 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	THOMPSON, SUZANNE	PO BOX 6877	DESTIN FL 32550

503123914567
 04/25/03 90755 012
 50.00

REINSTATEMENT 03
 dec

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: 10/24/03 Daytime Phone: (850) 269-2038

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

10/24/03

Per Instructions from our telephone
Conversation, I am resubmitting the enclosed
form with the FEI number.

I did not receive any notice about the
original filing needing the FEI number.
The \$50⁰⁰ filing fee has been paid and I
was advised not to send any additional
funds.

Thank you for your help and consideration —
Suzanne Thompson