PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 MAR -4 PM 1:31

DOCUMENT # L04000001456

1 Limited Liability Company's Name
DANCING WATERS LLC

000341002475O
02/20/20--01005--005 **793.75

CR2E041 (1 14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11800 FRONT BEACH ROAD	PO BOX 9418
Suite Apt # etc	Suite Apt # etc
City & State: PANAMA CITY BEACH, FL	City & State: PANAMA CITY BEACH , FL
Zip: 32407 Country: USA	Zip: 32417 Country: USA

4. State/Country of Formation: FLORIDA

5 Date Organized or Qualified To Do Business in Florida: 1/6/04

6 FEI Number: 56-2426314 ☐ 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: CLARA PEASE

Street Address (P.O. Box Number is Not Acceptable) Suite: 11800 FRONT BEACH ROAD

Apt # Etc:

City: PANAMA CITY BEACH State: FL Zip Code: 32407

9 I being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 2/12/20

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip

11 E-mail Address: laureex@emeraldvacationrentals.com

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 2/12/20 Daytime Phone # 8502342002

Typed or printed name of signing authorized representative/member: CLARA PEASE