

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -7 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # LO6000074188

1. Limited Liability Company's Name

713 Via De Luna, LLC

2. Principal Office Address - No P.O. Box #

713 Via De Luna Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

City & State

1

Zip

32561

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

07/26/06

6. FEI Number

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

Jeff S. Taggart

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

713 Via De Luna Dr.

Suite, Apt. #, Etc.

City

Pensacola Beach

State

FL

Zip Code

32561

E-mail Address:

700209720587
07/07/11--01004--010 **500.00

(To be used for future annual report notices)

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

Date 7-7-11

REGISTERED AGENT MUST SIGN

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
<u>MBRM</u>	<u>Jeff S. Taggart</u>	<u>713 Via De Luna Dr.</u>	<u>Pensacola Beach, FL 32561</u>
<u>MBRM</u>	<u>Stevens Family Limited Partnership</u>	<u>4878 N. Magnolia</u>	<u>Chicago, IL 60640</u>

700209720587
07/07/11--01004--012 **155.00

REINSTATEMENT 2008-11 **FB**

11. 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. 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 Managing Member/Manager

Date 7-7-11

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____