PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 12 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 0000000 2064

1. Limited Liability Company's Name

Whitehead Properties of Destin, LLC

2. Principal Office Address	3. Mailing Office Address
4507 Furling Ln	4507 Furling Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# Suite 209	Ste 209
City & State	City & State
Destin, Florida	Destin, Florida
Zip / Country	Zip / Country
32541 / USA	32541 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 2001

6. FEI Number: 68-0488009 ☐ 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: R. Scott Whitehead

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07/16/04--01046--004 **200.00

Street Address (P.O. Box Number Is Not Acceptable): 4507 Furling Ln

Suite, Apt. #, Etc.: Ste 209

City: Destin | State: FL | Zip Code: 32541

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: 7/8/04
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
MGR	R Scott Whitehead	4507 Furling Ln, Ste 209	Destin FL 32541
	REINSTATEMENT 2003-2004		

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.

Signature of Managing Member/Manager: _____ Date: 7/8/04 Daytime Phone #: 850-~~837-~~654-8816

Typed or printed name of signing Managing Member/Manager: R. Scott Whitehead