LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED

01 OCT 22 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000002871

1. Limited Liability Company's Name

Lenny's of Destin, LLC

REINSTATEMENT 2001

2. Principal Office Address

8000 Centerview Pkwy

Suite, Apt. #, etc.

#101

City & State

Cordova TN

Zip 38018   Country USa

3. Mailing Office Address

8000 Centerview Pkwy

Suite, Apt. #, etc.

#101

City & State

Cordova, TN

Zip 38018   Country USa

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida   3/00

6. FEI Number 59-3633565

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   Leonard V. Moore

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

2417 Palm Harbor

Suite, Apt. #, Etc.

City   Ft. Walton Beach   State FL   Zip Code 32547

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****150.00   ****150.00

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 _____   REGISTERED AGENT MUST SIGN

Date 10/18/01

CR2E041 (9/01)

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
	Leonard V. Moore	2417 Palm Harbor	Ft. Walton Beach, FL 32547
	Chester B. Smith	188 Cole Rd	Hattiesburg, MS 39402

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 10/18/01   Daytime Phone # 901-753-4002

Typed or printed name of signing Managing Member/Manager   Leonard V. Moore