

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003299

1. Limited Liability Company's Name

SEACREST BEACH LAGOON, LLC

2. Principal Office Address

5399 E Co Hwy 30-A, #190

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

5399 E Co Hwy 30-A, #190

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/23/2000

6. FEI Number

593664445

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ XX

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Franklin H. Watson, P.A.

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

5365 E Co Hwy 30-A, #105

Suite, Apt. #, Etc.

Suite 105

City

Seagrove Beach,

State
FL

Zip Code

32459

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 5-3-04

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	Peter J. Barton	5399 E Co Hwy 30-A, Box 190	Santa Rosa Beach, FL 32459

REINSTATEMENT

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

Peter J. Barton

Date 5-3-04

Daytime Phone # 850-231-3700

Typed or printed name of signing Managing Member/Manager

Peter J. Barton

CR2E041 (10/02)