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
02 SEP 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006811

1. Limited Liability Company's Name
Walton Builder, L.L.C.
423 Bayshore Dr.
Destin, Fl. 32550

2. Principal Office Address	**3.** Mailing Office Address
423 Bayshore Dr.	423 Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin Fl.	City & State: Destin Fl.
Zip: 32550 Country: Walton	Zip: 32550 Country: Walton

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 6/19/00

6. FEI Number: 59-3651601 ☐ 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: Billie E. Wilson

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****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 423 BAYSHORE DRIVE

Suite, Apt. #, Etc.:

City: Destin | State: FL | Zip Code: 32550

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: Billie Wilson
REGISTERED AGENT MUST SIGN

Date: 8/26/02

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
MGRM	Billie E. Wilson	423 Bayshore Dr.	Destin, Fl. 32550
		REINSTATEMENT 01-02 dcc	

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: Billie Wilson Date: 8/26/02 Daytime Phone #: 850-837-2703

Typed or printed name of signing Managing Member/Manager: Billie E. Wilson