

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -9 AM 8:35

1. DOCUMENT # L00000010707

Name and Mailing Address

0009562 01 FP 0.352 \*\*PR5RT H3 0 0615 32507-951001

PERDIDO VILLAGE, L.L.C.  
14001 PERDIDO KEY DRIVE  
PENSACOLA FL 32507-9510

## 2. New Mailing Address

City, State, Zip

## Principal Place of Business

14001 PERDIDO KEY DRIVE  
PENSACOLA FL 32507

## 3. New Principal Place of Business Address

City, State, Zip

## 4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

09/06/2000

## 6. FEI Number

59-3668685

Applied For  
Not Applicable

## 7.

CERTIFICATE OF STATUS DESIRED ☒\$8.00 Additional Fee Required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

LAGMAN, WILLIAM  
14113 PERDIDO KEY DR.  
PENSACOLA FL 32507

## 9. Name and Address of New Registered Agent

Name HALL &amp; RUNNELS, P.A.

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

36468 Emerald Coast Pkwy., Suite 2101

City Destin

FL Zip Code 32541

## 10. 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 11/8/02

## 11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	P.K. LLC	14001 PERDIDO KEY DRIVE	PENSACOLA FL 32507
MEMBER	Cornerstone Development Holdings, L.L.C.	34851 Em. Coast Pkwy.	Destin, FL 32541

REINSTATEMENT

02

12/10/02

100009006871  
11/14/02--01077--005 \*\*155.00

12. 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

11/8/02

Daytime Phone #

850-850-9933

Typed or printed name of signing Managing Member/Manager