

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Dart Of Destin, LLC

700010401727
01/21/03--01103--007 **205.00

2. Principal Office Address

120 South Holiday Road

Suite, Apt. #, etc.

3. Mailing Office Address

120 South Holiday Road

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32550

Country

Zip

32550

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

January 10, 2001

6. FEI Number

59-3712145

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

Conerly, Lamar Jr.

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

4481 Legendary Drive

Suite, Apt. #, Etc.

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 1-10-03

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	Cappelletti, Ronald	4421 Commons Drive East	Destin, FL 32541
MGR	Schwecht, Albrecht	8 Jade Cove	Destin, FL 32541
MGR	Jaegar, Guenter	323 Mountain Drive, Unit 1	Destin, FL 32541
MGR	Mueller, Thomas	123 Bermuda Circle	Niceville, FL 32578

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 01/10/2003

Daytime Phone # 850-269-1112

Typed or printed name of signing Managing Member/Manager Ronald Cappelletti, Mgr