

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

1. DOCUMENT # L01000005664

Name and Mailing Address

0002522 01 AT 0,292 **AUTO T1 0 0615 32550-101577



LEISURE PROPERTIES, L.L.C.
P.O. BOX 6877
DESTIN FL 32550-1015



2. New Mailing Address

P.O. Box 6877

City, State, Zip
Miramar Beach, FL 32550

Principal Place of Business
2891 SCENIC GULF DRIVE
DESTIN FL 32550

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 04/11/2001

6. FEI Number 59-3725001
APPLIED FOR

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

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY, SUITE 301
DESTIN FL

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/5/03

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
MGR	THOMPSON, SUZANNE	PO BOX 6877	DESTIN FL 32550

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

[Signature]

Date 10/24/03

Daytime Phone (850) 269-2038

Typed or printed name of signing Managing Member/Manager

10/24/03

Per Instructions from our telephone
Conversation, I am resubmitting the enclosed
form with the FEI number.

I did not receive any notice about the
original filing needing the FEI number.
The \$50⁰⁰ filing fee has been paid and I
was advised not to send any additional
funds.

Thank you for your help and consideration —
Suzanne Thompson