

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE



John Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000010557

FILED

1. DOCUMENT # L01000010557

Name and Mailing Address

02 DEC -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009591 01 FP 0,352 **PRSRTH3 0 0615 32541-342825



THE PRESERVE AT BURNT PINE, L.L.C.
325 SAND MYRTLE TRAIL
DESTIN FL 32541-3428



2. New Mailing Address

City, State, Zip

Principal Place of Business

325 SAND MYRTLE TRAIL
DESTIN FL 32541

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

06/28/2001

6. FEI Number

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

SCHEYD, JOSEPH M JR
1221 AIRPORT ROAD, SUITE 209
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

City

3000009401729
12/06/02--01065--003 ***150.00
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

REGISTERED AGENT MUST SIGN

Date 12/4/02

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
MGR	GORDON, JAY	715 ALTA VISTA RD	LOUISVILLE KY 40208
MGR	WYATT, ROBERT	200 AIRPORT ROAD, BLDG #5	CLARKSVILLE TN 37042
MGR	SIROCKMAN, KEITH	70 CLIFFWOOD DRIVE	ATLANTA GA 30328
MGR	THOMAS, KENT	P.O. BOX 5	DESTIN FL 32540
REINSTATEMENT 2002 			

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

12/4/02

Daytime Phone

(850) 837-1171

Typed or printed name of signing Managing Member/Manager