

L01000012242

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JAN 13 AM 11:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012242

1. Limited Liability Company's Name

AGERTON & ASSOCIATES DEVELOPMENT, LLC

800009781738
01/02/03--01024--002 **150.00

2. Principal Office Address

4737 PAPAYA PARK

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 354

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

USA

Zip

32540

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/25/2001

6. FEI Number

36-4458037

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

DONALD W. DAVID

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

4737 PAPAYA PARK

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

800009781738
01/13/03--01094--028 **50.00

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

REGISTERED AGENT MUST SIGN

Date 12/29/02

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	DONALD W DAVID	4737 PAPAYA PARK DESTIN, FL 32541	DESTIN, FL 32541
MGR	ROBERT AGERTON	17350 HWY 331 SOUTH	FREEPORT, FL 32439

REINSTATEMENT

2002, 2003

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 12/29/02

Daytime Phone # 850-650-2662

Typed or printed name of signing Managing Member/Manager