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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01 0000 14028

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT #   L01000014028

Name and Mailing Address

0007416 01 FP 0.352 **PRSRT T3 0 0615 32459-751899

WILLIS, KRENKEL & MACLIN PROPERTIES, L.L.C.
164 BLUE LUPINE WAY
SANTA ROSA BEACH FL 32459-7518

2. New Mailing Address		**4.** State/Country of Formation
		FL
City, State, Zip		**5.** Date Organized or Qualified To Do Business in Florida 08/21/2001

Principal Place of Business	**3.** New Principal Place of Business Address	**6.** FEI Number	☒ Applied For
164 BLUE LUPINE WAY SANTA ROSA BEACH FL 32459	City, State, Zip		Not Applicable
		7. CERTIFICATE OF STATUS DESIRED ☐	**$5.00** Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent	**9.** Name and Address of New Registered Agent	
MCGILL, ROBERT E III 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	300008671243 10/29/02--01099--020 **150.00	
	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 _*Robert E. McGill*_   Date _10/24/02_
REGISTERED AGENT MUST SIGN

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
MGRM	Henry W. Maclin	164 Blue Lupine Way	Santa Rosa Beach Fl. 32459
MGRM	Ronnie Willis	164 Blue Lupine Way	Santa Rosa Beach, Fl. 32459
		REINSTATEMENT 2002	
			10/30 MSt

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 _*Henry W. Maclin*_   Date _10/24/02_ Daytime Phone # **850-278-8016**

Typed or printed name of signing Managing Member/Manager   Henry W. Maclin