

PLEASE READ INSTRUCTIONS BEFORE COMPLETING FOR

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

03 JUN 11 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015298

1. Limited Liability Company's Name

South Walton Ace of Clubs, L.C.

000020786160
06/11/03--01067--004 **200.00

2. Principal Office Address

724 Hwy 98 E., #102

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6122

Suite, Apt. #, etc.

City & State

Destin, FL 32541

City & State

Destin, FL 32540

Zip

32541

Country

Okaloosa

Zip

32540

Country

Okaloosa

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/07/02

6. FEI Number

01-0596477

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

P. Colleen Coffield

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

1719 S. County Highway 393

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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 06/10/03

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	James J. Wellborn	724 Hwy 98 E., #102	Destin, FL 32541
MGR	George R.C. Kingston	5 Ardmore Square	Atlanta, GA 30309

REINSTATEMENT

02-2003

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 06/10/03 Daytime Phone # 850-585-2258

Typed or printed name of signing Managing Member/Manager

JAMES J. WELLBORN

CR2E041 (9/01)