

# LO2000010554

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

### LIMITED LIABILITY COMPANY REINSTATEMENT



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

**FILED**  
03 DEC -5 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000010554**

1. Limited Liability Company's Name

**CRYSTAL VILLAS DEVELOPMENT, LLC**

100025430301  
12/11/03--01085--005 \*\*150.00

2. Principal Office Address

**1234 Airport Rd**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**Suite 102**

Suite, Apt. #, etc.

City & State

**Destin, FL**

City & State

Zip

**32541**

Country

**USA**

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**05-02-02**

6. FEI Number

**03-0435496**

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

**Robert E. McGill, III**

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

**36008 EMERALD Coast Akywy**

Suite, Apt. #, Etc.

**Suite 301**

City

**Destin**

State

**FL**

Zip Code

**32541**

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 **12-03-03**

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	Shane Cannon	1234 Airport Rd ste 102	DESTIN, FL 32541

**REINSTATEMENT 2003**  
**BK**

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 **12-03-03**

Daytime Phone# **850-654-6004**

Typed or printed name of signing Managing Member/Manager

**Shane Cannon**