

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 4:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000029055

Name and Mailing Address

0002445 01 AT 0.292 **AUTO T1 0 0615 32541-853139



DESTIN RESTAURANT PARTNERS, LLC
16055 EMERALD COAST PARKWAY, #114
DESTIN FL 32541-8531



12/10

2003

2. New Mailing Address

P.O. Box 4157

City, State, Zip

Ft. Walton Beach, FL 32549-4157

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/31/2002

Principal Place of Business

16055 EMERALD COAST PARKWAY, #114
DESTIN FL 32541

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

56-8012778

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Leonard V. Moore

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

2417 Palm Harbor Drive

Ft. Walton Beach

City

Ft. Walton Beach

FL

Zip Code

32547

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-5-03

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	MOORE, LEONARD	2417 PALM HARBOR DRIVE	FORT WALTON BEACH FL 32547

200025384682
12/10/03--01021--003 **150.00

REINSTATEMENT

2003

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

SIGNATURE REQUIRED

Date 12-5-03

Daytime Phone # 850/664-0350

Typed or printed name of signing Managing Member/Manager Leonard V. Moore

CR2E084 (7/03)