

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

STATE DIVISION OF CORPORATIONS

08 JUN 20 AM 9:37

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000052016

1. Limited Liability Company's Name
Palazzo Del Mare, LLC
2990 Scenic Highway 98
Destin FL 32541

2. Principal Office Address - No P.O. Box # 2990 Scenic Highway 98		3. Mailing Office Address 68445 JAMES STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Mandeville, LA	
Zip 32541	Country US	Zip 70471	Country US

4. State/Country of Formation
Florida/US

5. Date Organized or Qualified To Do Business in Florida
12/10/2003

6. FEI Number
201493094

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

CR2E041 (12/07)

8. Name and Address of Current Registered Agent

Name
CHESSER, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
1201 EGLIN PARKWAY

Suite, Apt. #, Etc.

City
SHALIMAR FL

State
FL

Zip Code
32579

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Michael Chesser* Date 10 Jun 2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MKDB, Inc.	68445 JAMES STREET	Mandeville, LA 70471

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REINSTATEMENT
w/o/p 06-08

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 608.408, 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 *Kerry Dell Brandon* Date 6/2/2008 Daytime Phone # 985-871-7717

Typed or printed name of signing Managing Member/Manager MKDB, Inc. by Kerry Dell Brandon