

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 DEC -2 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000054958**

**1. Limited Liability Company's Name**

Marianao, LLC

**2. Principal Office Address**

4399 Commons Drive E

Suite, Apt. #, etc.

Suite 300

City & State

Destin, Florida

Zip

32541

Country

**3. Mailing Office Address**

4399 Commons Drive E

Suite, Apt. #, etc.

Suite 300

City & State

Destin, Florida

Zip

32541

Country

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

12-22-2003

**6. FEI Number**

30-0231803

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

Steven K. Hall

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

4399 Commons Drive East

Suite, Apt. #, Etc.

Suite 300

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

Date

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	John Powell Earles, IV	4399 Commons Drive E Ste 300	Destin, Florida 32541
MGR	Deborah Anne Loomis Earles	4399 Commons Drive E Ste. 300	Destin, Florida 32541

**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

10/27/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)