PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY C								SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUL 29 AM 10: 56		
DOCUMENT # L0300056834 1. Limited Liability Company's Name DESTIN EMERALD INVESTMENTS LLC							50 07/30	500158530595 07/30/0901018004 **138.75		
9155 S. DADELAND BLVD. 9155 Suite, Apt. #, etc. Suite, Apt. #, etc. 1602 1602 City & State City & State MIAMI, FLORIDA MIAM Zip Country			9155 S. D. Suite, Apt. #, 1602 City & State	S State MI, FLORIDA Country			CR2E041 (10/08) 4. State/Country of Formation FL/USA 5. Date Organized or Qualified To Do Business in Florida 12/30/03 6. FEI Number 20-0559441 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 B. MACKAY BROWN Street Address (P.O. Box Number is Not Acceptable) 9155 S. DADELAND BLVD. Suite, Apt. #, Etc. 1602 City MIAMI State Zip Code 33156 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and										
Signature of Registered Agent Date 7-8-09 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/Mana			ch ager	City / State	[/] Zip	
MGR	CLAUDIA PRETSCHNER			9155 S. DADELAND BLVD., #16			D., #1602	MIAMI, FL 33156		
MGR	JOSEPH	9155 S. DADELAND BLVD. #1602			D. #1602	MIAMI, FL 33156				
MGR	SIMONE	9155 S. DADELAND BLVD. #1602			D. #1602	MIAMI, FL 33156				
	REINSTATEMENT 2004-				2009 077718			0158530595 U9U1U3UUU8 **693.75		
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 Daytime Phone# 305-378-8400 Typed or printed name of signing Managing Member/Manager										



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL 29 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 22, 2009

DESTIN EMERALD INVESTMENTS LLC 9155 S DADELAND BLVD # 1602 MIAMI, FL 33156

SUBJECT: DESTIN EMERALD INVESTMENTS LLC

Ref. Number: L03000056834

We have received your document for DESTIN EMERALD INVESTMENTS LLC and check(s) totaling \$693.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 209A00025203

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