

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:56

DOCUMENT # L04000019993

1. Limited Liability Company's Name

Prime Time Destin, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

732 Harbor Blvd

Suite, Apt. #, etc.

City & State

Destin FL

Zip
32541

Country
US

3. Mailing Office Address

732 Harbor Blvd

Suite, Apt. #, etc.

City & State

Destin FL

Zip
32541

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **03/15/2004**

6. FEI Number

☐ 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

Clinton Tarkoe

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

4840 NE 28th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

☐ 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

Clinton Tarkoe

REGISTERED AGENT MUST SIGN

Date **2/2/07**

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
MGRM	Clifford Foster III	732 Harbor Blvd	Destin FL 32541

800087734938
02/09/07--01041--007 **250.00

REINSTATEMENT 05-07

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

Clifford Foster III

Date **1/31/2007**

Daytime Phone # **850-225-8014**

Typed or printed name of signing Managing Member/Manager

Clifford Foster III