

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 SEP 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000021673

1. Limited Liability Company's Name

PICO, LLC

2. Principal Office Address - No P.O. Box #
4393 Commons Drive East

3. Mailing Office Address

4393 Commons Drive East

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32541

Country

Zip

32541

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/19/04

6. FEI Number

20-093117

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

Frank L. Flautt, Jr.

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

4393 Commons Drive East

Suite, Apt. #, Etc.

Suite 207

City

Destin

State

FL

Zip Code

32541

800185982458
09/29/10--01002--003 **\$5.00

800185982458
09/29/10--01002--004 **\$50.00

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

Frank L. Flautt, Jr.
REGISTERED AGENT MUST SIGN

Date 09/26/10

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	Frank L. Flautt, Jr.	4393 Commons Drive East	Destin, Florida 32541

REINSTATEMENT 07-10

OK 9-28-10

11. E-mail Address: Frank@sandcastlehotels.com

(To be used for future annual report notifications)

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

Frank L. Flautt, Jr.

Date 09/26/10

Daytime Phone # (850) 622-3960

Typed or printed name of signing Managing Member/Manager Frank L. Flautt, Jr.