

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 18 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000078137

1. Limited Liability Company's Name

Destin Rentals LLC

CR2E041 (1/07)

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

186 Rue Martine

Suite, Apt. #, etc.

3. Mailing Office Address

186 Rue Martine

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

City & State

Miramar Beach, FL

Zip

32550

Country

USA

Zip

32550

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10-27-2004

6. FEI Number

201804970

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

Vicki Compton

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

186 Rue Martine

Suite, Apt. #, Etc.

City

Miramar Beach

State

FL

Zip Code

32550

☐ 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.

200103197372

05/24/07--01024--014 **250.00

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

Vicki Compton

Date

3-12-07

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
mbrm	<u>Geoffrey Bracken</u>	<u>186 Rue Martine</u>	<u>Miramar Beach, FL 32550</u>
mbrm	<u>Vicki Compton</u>	<u>186 Rue Martine</u>	<u>Miramar Beach, FL 32550</u>
mbrm	<u>Levin Bracken</u>	<u>186 Rue Martine</u>	<u>Miramar Beach, FL 32550</u>

REINSTATEMENT

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

Vicki Compton

Date 3-12-07

Daytime Phone #

850 246-2222

Typed or printed name of signing Managing Member/Manager

Vicki Compton