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Florida Department of State
Division of Corporations
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From:
Account Name : BUSINESS FILINGS
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
DESTINATION UNKNOWN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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D. BRUCE
MAR 08 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000078591

CR2E041 (10/08)

1. Limited Liability Company's Name

Destination Unknown LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
51 East Court		51 East Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#3		#3	
City & State		City & State	
West Melbourne, Florida		West Melbourne, Florida	
Zip	Country	Zip	Country
32904	Brevard	32904	Brevard

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 10/28/2004

6. FEI Number
20-2183618
☐ 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
Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Square Blvd.

Suite, Apt. #, Etc.
Suite 101

City	State	Zip Code
Tallahassee	FL	32301-2960

☐ 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 M [illegible] Mark Williams, A.V.P., Business Filings Incorporated Date 2/23/2010

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
Managing Member	Cheryl Jones	51 East Court, #3	West Melbourne, Florida 32904
	REINSTATEMENT 0710		

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 [signature] Date 3-1-10

Typed or printed name of signing Managing Member/Manager Cheryl Jones, Managing Member

KRISTINA BRACKETT
Notary Public - State of Florida
My Comm. Expires Aug 24, 2012
Commission # DD 817178
Bonded Through National Notary Assn.

TOTAL P.02