


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/24/08--01050--002 **138.75
600131820966
CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000085767

1. Limited Liability Company's Name

Destine Ventures, LLC

W08-3218

2. Principal Office Address - No P.O. Box # 1990 Main Street Suite, Apt. #, etc. Suite 750 City & State Sarasota, FL Zip 34236		3. Mailing Office Address 1990 Main Street Suite, Apt. #, etc. Suite 750 City & State Sarasota, FL Zip 34236	
Country Sarasota		Country Sarasota	

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 11/29/2004	
6. FEI Number 20-1929687	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Light & Associates, LLLP			
Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street			
Suite, Apt. #, Etc. Suite 750			
City Sarasota	State FL	Zip Code 34236	

☒ 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 V. L. Light, For the Firm
REGISTERED AGENT MUST SIGN

Date 07/01/2008

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	Virgil L. Light	1990 Main Street, Suite 750	Sarasota, FL 34236

REINSTATEMENT 06-08

600131820966
06/27/08--01043--001 **277.50

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 V. L. Light
Typed or printed name of signing Managing Member/Manager Virgil L. Light

Date 07/01/2008 Daytime Phone # 941-309-5415