PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

DOCUMENT # LO4000085767 1. Limited Liability Company's Name Destine Ventures, LLC W8-3Q18	LIMITED LIAB COMPAN REINSTATEM	Y	Se	DEPARTMENT OF STATE ecretary of State ION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
## 138.75 ## 138.18 ## 138.75 ## 139.0 Main Street ## 199.0 Main Street						- CORIDA	
2. Principal Office Address - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress - No P.O. Box 8 3. Nating Office Acdress -	Destiņe Ventures, LLC					/00 010F0 000 + 1400 7F	
3. Mailey Office Address 1990 Main Street 199	wo8-31218					600131820366	
Suite, Apt. #, etc. Suite 750 Suite 750 Suite 750 Suite 750 Cry & State Cry & State Sarasota, FL Sarasota, FL Sarasota 34236 Sarasota S	•	ess - No P.O. Box #	3. Mailing Offi	ice Address		0.022041 (1207)	
Suite 750 Surasota, FL Surasota, FL Suite 750 Surasota Surasota Surasota Surasota Surasota Surasota Suite 750 City Suite 750 Suite 750 City Suite 750 Suite 750 Suite 750 Tries Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers Tries Managing Members/Managers Tries Managing Members/Managers Tries Replication as provided for in chapter 608, F.S. I further certify that when all finded diability company have been paid. The information indicated on this application as provided for in chapter 608, F.S. I further certify that when all finded conder cain. Suite 750 Date 07/01/2008			1990 Main Street			•	
To Do Business in Forde 11/29/2004 Sarasota, FL Zip Country Zip Country Zip Country 34236 Sarasota 34236 Sarasota 8. Name and Address of Current Registered Agent Light & Associates, LLLP Sireet Address (P.O. Box Number is Not Acceptable) Silent Pool Sulte 750 Sulte 750 Sulte 750 Sulte 750 Sulte 750 Signature of Registered Agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Address of Managing Member-Managers Titles Managing Member-Managers Discommended for in chapter 608, F.S. I further certify that when all fees owed by the limited liability company here been paid. The information indicated on this application is sprowided for in chapter 608, F.S. I further certify that when all fees owed by the limited liability company here been paid. The information indicated on this application is to accord for 604, 605, F.S. and that all fees owed by the limited liability company here been paid. The information indicated on this application is to accord for 94,1-309-5415				Suite, Apt. #, etc.			
Sarasota, FL Sarasota, FL Sarasota, FL Zip Country 34236 Sarasota 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. Sarasota 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Managing Members/Manager Managing Members/Managers Managing Members/Managers Signature of Managing members/managers of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further ceetily that unenting the reinstatement application the reason for dissolution has been eliminated, the limited liability company name usidefies the noculespeers of acction 608,405, F.S., and that, all fless owed by the limited liability company have been paid. The information indicated on this sapication is true and accreate, and my signature shall have the same legal effect as if made under cath. Signature of the introduction is true and accreate, and my signature shall have the same legal effect as if made under cath. Signature of the introduction is true and accreate, and my signature shall have the same legal effect as if made under cath.		 -				takan ta Finatan	
2/p Country 34236 Sarasota 34236 Sarasota 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 750 City Sarasota 9. 1, 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 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers 11. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 11. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 11. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 205/27/03-01/043-00/1 **** PEINSTATEMENT 05/27/03-01/043-00/1 **** 11. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 11. Light 11. Light light is reinstatement application by the limited liability company name statisfies the requirement of decicion 03.406, F.S., and frat, all fees owed by the limited liability company name statisfies the requirement of section 03.406, F.S., and frat, all fees owed by the limited liability company have been paid. The information indicated on this application is requirement adocute, and my signature shall have the same legal effect as if made under oath. Signature of Light Department application the treator of discolution indicated on this application is requiremented decicion 03.406, F.S., and frat, all fees owed by the limited liability company have been paid. The information indicated on this application is requiremented and accuste, and my signature shall have the same legal effect as if made under oath. Signature of Light Department application is the same legal effect as if made under oath. Date 07/01/2008 Deputine Phone # 941-309-5415			', ' ' ' ' ' '			6. FEI Number Applied For	
Name Associates, LLLP Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite, Apt. #. Etc. Suite Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite, Apt. #. Etc. Suite 750 City Sarasota 9. I, being appointed the registered agent of the above named limited liability compeny, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 1990 Main Street, Suite 750 Sarasota, FL 34236 11. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 11. Light 12. Light 13. Light 14. Light 14. Light 15. Light 16. Light 17. Light 18. Light 18. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 18. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 1990 Main Street, Suite 750 Sarasota, FL 3423	·	•	7.		\$5.00 Additional Fee required		
Light & Associates, LLLP Sirest Address (P. O. Box Number is Not Acceptable) 1990 Main Street 10		8. Name and Address of	Current Registe	ered Agent			
Suite 750 State 750	Name Light & Associates, LLLP Street Address (P.O. Box Number is Not Acceptable)				in circumstances which the entity did not		
Signature of Registered Agent	Suite, Apt. #, Etc.	<u> </u>			box, yo	box, you are certifying the prior notices were	
Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Manager Name of Managing	City			State Zip Code		tement be waived.	
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 05/27/08-01043-001 ***277.50 11. Loerlity that Lam 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 107/01/2008 Daytime Phone # 941-309-5415	Cianatura of						
MGRM Virgil L. Light 1990 Main Street, Suite 750 Sarasota, FL 34236 REINSTATEMENT 8 1990 Main Street, Suite 750 Sarasota, FL 34236 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 Date 07/01/2008 Daytime Phone # 941-309-5415	10. Names and Street Addresses of Managing Members/Managers						
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Typed or printed name of signing Managing Member/Manager Virgil L. Light							