

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 22 PM 12:05

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000011770

**1. Limited Liability Company's Name**

St. Nikolas By The Sea LLC

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

43 Miami Street

Suite, Apt. #, etc.

City & State

Destin, FL

Zip 32550

Country USA

**3. Mailing Office Address**

c/o Phillip A. Pugh  
30 S. Spring Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip 32502

Country USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

1/28/2005

**6. FEI Number**

20-5100280

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

Phillip A. Pugh

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

30 S. Spring Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

☐ 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4-15-08

**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
MG/PM	John L. Hassell as Personal Representative Estate of Lewis P. Hassell Jr.	400 Shore Drive	Miramar Beach, FL 32550

**REINSTATEMENT**

07-08

800124382818  
04/18/08--01046--026 \*\*\$16.25

**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

4/10/2008

Daytime Phone #

850 533 8739

Typed or printed name of signing Managing Member/Manager

John L. Hassell