

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900096495439  
04/11/07--01033--014 \*\*200.00

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000088092

1. Limited Liability Company's Name

**VWC Beach Restoration, LLC**

2. Principal Office Address - No P.O. Box #  
**1414 County Highway 283 South**

3. Mailing Office Address  
**1414 County Highway 283 South**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Santa Rosa Beach**

City & State  
**Santa Rosa Beach**

Zip  
**32459**

Country  
**USA**

Zip  
**32459**

Country  
**USA**

4. State/Country of Formation  
**Walton**

5. Date Organized or Qualified  
To Do Business in Florida **09/07/2005**

6. FEI Number

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  
**Gary A. Shipman, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1414 Co. Hwy. 283 South**

Suite, Apt. #, Etc.  
**Suite B**

City  
**Santa Rosa Beach**

State Zip Code  
**FL 32459**

☐ 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.

REINSTATEMENT 06-07  
Date 4/2/07

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**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| MGR    | Koerner, Norman R                    | 4 White Cliffs Crest                              | Santa Rosa Beach 32459 |
| MGR    | Koerner, Debbie                      | 4 White Cliffs Crest                              | Santa Rosa Beach 32459 |
| MGR    | McNutt, Steven                       | 12 White Cliffs Crest                             | Santa Rosa Beach 32459 |
| MGR    | McNutt, Annette                      | 12 White Cliffs Crest                             | Santa Rosa Beach 32459 |
| MGR    | Burton, Tony C                       | 32 White Cliffs Crest                             | Santa Rosa Beach 32459 |
| MGRM   | Burton, Bonnie J.                    | 32 White Cliffs Crest                             | Santa Rosa Beach 32459 |

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Annette McNutt