

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000089796

1. Limited Liability Company's Name

**DURANGO WINDS HOMEOWNERS'
ASSOCIATION, L.L.C.**

CR2E041 (12/07)

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

130 DURANGO ROAD

Suite, Apt. #, etc.

UNIT 109

City & State

DESTIN FL

Zip

32541

Country

US

3. Mailing Office Address

130 DURANGO ROAD

Suite, Apt. #, etc.

UNIT 109

City & State

DESTIN FL

Zip

32541

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/13/2005

6. FEI Number

NONE

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

BURTON, JENNIFER J

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

151 MARY ESTHER BLVD

Suite, Apt. #, Etc.

STE 502A

City

MARY ESTHER

State

FL

Zip Code

32569

☐ 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

REGISTERED AGENT MUST SIGN

Date **5/11/08**

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
MGR	RAMSEY, LEE M JR.	130 DURANGO ROAD	DESTIN FL 32541 US

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 # 850-

Typed or printed name of signing Managing Member/Manager

LEE M RAMSEY, JR.