

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000026074

1. Limited Liability Company's Name

**The Culinary Center, L.L.C.**

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

36120 Emerald Coast Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

36120 Emerald Coast Parkway

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32541

Country

United States

Zip

32541

Country

United States

4. State/Country of Formation

Florida / Walton County

5. Date Organized or Qualified  
To Do Business in Florida

March 13, 2006

6. FEI Number

20-8544268

☐ 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  
**Conerly, Bowman & Dykes, L.L.P.**

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

4481 Legendary Drive

Suite, Apt. #, Etc

Suite 200

City

Destin

State

FL

Zip Code

32541

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 7/29/10

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	Tim Creehan	36120 Emerald Coast Parkway	Destin, Florida 32541

JB

**REINSTATEMENT 2009-10**

11. E-mail Address: kellye@destin-law.com

(To be used for future annual report notifications)

12. 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 7/29/10

Daytime Phone # 850.259.8044

Typed or printed name of signing Managing Member/Manager Tim Creehan