

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 NOV 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L07000025848

1. Limited Liability Company's Name

WHITE SAND AND GULF BREEZE, LLC

CR2E041 (1/11)

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

15817 Front Beach Road

3. Mailing Office Address

15817 Front Beach Road

Suite, Apt. #, etc.

1906-E

Suite, Apt. #, etc.

1906-E

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32413

Country

USA

Zip

32413

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

03/08/2007

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

Craig B. Morris, Esq.

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

337 Magnolia Ave.

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

E-mail Address:

700242095987
11/26/12--01045--007 **238.75

calypsobod@yahoo.com

(To be used for future annual report notices)

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

Craig B. Morris

Date **11/19/2012**

REGISTERED AGENT MUST SIGN

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	David J. Evras	15817 Front Beach Road, #1-1906	Panama City Beach, FL 32413
MGRM	Jeanette E. Evras	15817 Front Beach Road, #1-1906	Panama City Beach, FL 32413

REINSTATEMENT **12**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

David J. Evras

Date **11/19/12**

Daytime Phone # **850-588-8418**

Typed or printed name of signing Managing Member/Manager **David J. Evras**