

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 19 AM 10:05

DOCUMENT #

1. Limited Liability Company's Name

DESTINATION CSI, LLC
L07000032680

400191775634
01/18/11--01057--014 **655.00

CR2E041 (1/11)

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

1510 S. MIRAMAR AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1510 S. MIRAMAR AVE

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

City & State

INDIALANTIC, FL

Zip

32903

Country

USA

Zip

32903

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

03/27/2007

6. FEI Number

55-1302453

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

SHARI CRITCHLEY

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

1510 S. MIRAMAR AVE

Suite, Apt. #, Etc.

City INDIALANTIC

State FL

Zip Code 32903

E-mail Address:

(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

Shari Critchley
REGISTERED AGENT MUST SIGN

Date 01/12/2011

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	SHARI A. CRITCHLEY	1510 S. MIRAMAR AVE	INDIALANTIC, FL 32903
MGR	AMANDA BRUNTON	306 7th AVE	FOLSOM, PA 19033

REINSTATEMENT 2008-2011

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

Shari Critchley

Date 01/12/2011

Daytime Phone # 8004564440

Typed or printed name of signing Managing Member/Manager