

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 JAN 26 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000007693

1. Limited Liability Company's Name
CONVENT II, LLO

2. Principal Office Address - No P.O. Box # 219 Scenic Gulf Drive		3. Mailing Office Address 1990 Defoor Avenue	
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Atlanta, GA	
Zip 32550	Country USA	Zip 30318	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/22/08	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
Francois, Thierry

Street Address (P.O. Box Number is Not Acceptable) Suite,
219 Scenic Gulf Drive

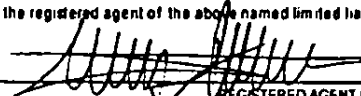
Apt. #, Etc.
Suite 710

City Destin	State FL	Zip Code 32550
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No money

000281437410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent 

Date 01/21/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGRM	Francois, Shannon	219 Scenic Gulf Drive, Suite 710	Destin, FL 32550
MGR	Distler, Schoeny	1990 Defoor Avenue	Atlanta, GA 30318

REINSTATEMENT

2015-2016

S. HAWKES
JAN 27 AM.
EXAMINER

11. E-mail Address thierry@francoisandco.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date 01/21/16 Daytime Phone # (404) 642-3422

Typed or printed name of signing authorized representative/member Shannon Francois, Manager

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 972592 7610719

AUTHORIZATION :

COST LIMIT : \$ 377.50



ORDER DATE : January 26, 2016

ORDER TIME : 3:28 PM

ORDER NO. : 972592-010

CUSTOMER NO: 7610719

DOMESTIC FILINGS

NAME: CONVENT II, LLC

RECEIVED
DEPARTMENT OF STATE
16 JAN 26 PM 4:51
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____