

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 JUN -8 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000050096

1. Limited Liability Company's Name

**SEA SALT MILL II, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 105 S. 41st Street, #C		3. Mailing Office Address 6553 Mink Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mexico Beach, FL		City & State Midland, GA	
Zip 32410	Country USA	Zip 31820	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/19/08	
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 John T. Miller, III			
Street Address (P.O. Box Number is Not Acceptable) 105 S. 41st Street, #C			
Suite, Apt. #, Etc.			
City Mexico Beach	State FL	Zip Code 32410	

E-mail Address:  600236084116 06/08/12--01029--007 **685.00 jmiller@troy.edu (To be used for future annual report notices)
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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 John T. Miller III Date 6/4/12  
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
MM MEM	John T. Miller, III	6553 Mink Drive	Midland, GA 31820
REINSTATEMENT 09-12			JUN 15 2012
			L. SELLERS

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 John T. Miller III Date 6/4/12 Daytime Phone # 706-662-1918  
Typed or printed name of signing Managing Member/Manager John T. Miller, III