NOV/25/2014/TUE 01:28 PM Fleet Spencer Kilpat P. 002

Att: Marquitta Williams
Fax 850-245-6017

FILED

14 NOV-26 PM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000129387

1. Limited Liability Company's Name
THE RESORT COLLECTION, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4552 US HWY 98 WEST		87 WHISPERING LAKE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SANTA ROSA BEACH		City & State: SANTA ROSA BEACH	
Zip: FL	Country: 32459	Zip: FL	Country: 32459

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
10/10/12

6. FEI Number
46-1162439
☐ 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
WILLIAM G. KILPATRICK, JR.

Street Address (P.O. Box Number is Not Acceptable)
~~[illegible]~~

Suite, Apt. #, Etc.
4476 Legendary Drive, Ste 201

City: DESTIN State: FL Zip Code: 32541

300260277033
05/15/14--01031--003 **317.50

REINSTATEMENT

2013-2014

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 [signature] Date 11-24-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	FRANK KOVACH	87 WHISPERING LAKE DRIVE	SANTA ROSA BEACH, FL 32459

11. Email Address: FKOVACJR@AOL.COM
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager of 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 requirements of section 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager [signature] Date 11/24/14 Daytime Phone # 850-267-1411

Typed or printed name of signing Authorized Representative/Manager FRANK KOVACH

MW 11-26