

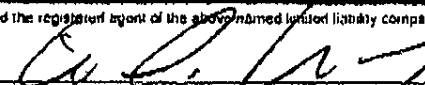
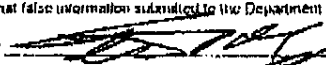
Att: MARGU'HA WILLIAMS
FAX 850-245-6017

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE

14 NOV-26 PM 9:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

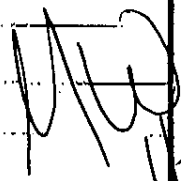
LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000129387					
1. Limited Liability Company's Name THE RESORT COLLECTION, LLC					
2. Principal Office Address - No P.O. Box # 4552 US HWY 98 WEST			3. Mailing Office Address 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 10/01/12				6. FEI Number 48-1162439	
7. CERTIFICATE OF STATUS DESIRED ☐				Applied For ☐ Not Applicable ☐	
8. Name and Address of Current Registered Agent					
Name WILLIAM G. KILPATRICK, JR.					
Street Address (P.O. Box Number is Not Acceptable) 6070 CENTRAL BLVD, SUITE 300					
Suite, Apt. #, Etc. 4476 Ledgemoor Drive, Ste 201					
City DESTIN			State / Zip Code FL 32541		
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 11-24-14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title MGR	Name of Authorized Representative/Manager FRANK KOVACH	Street Address of Each Authorized Representative/Manager 87 WHISPERING LAKE DRIVE		City / State / Zip SANTA ROSA BEACH, FL 32459	
11. Email Address: EKOVAJR@AOL.COM					
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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 617.155, F.S.					
Signature of Authorized Representative/Manager 				Date 11/24/14 Daytime Phone # 850-267-1411	
Typed or printed name of signing Authorized Representative/Manager FRANK KOVACH					

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REINSTATEMENT

2013-2014


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