PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 MAY 7 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600259964006

DOCUMENT # L12000144421

1. Limited Liability Company's Name
D & E VACATION RENTALS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
730 Rose Brooke Drive	730 Rose Brooke Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lawrenceville,GA	City & State: Lawrenceville,GA
Zip: 30045 Country: US	Zip: 30045 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/15/2012

6. FEI Number: 46-2470037 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

S. HAWKES
MAY -7 A.M.
EXAMINER

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: Stephanie Milnes Date: 5/7/14
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
mgrm	Gary Ellis	730 ROSE BROOKE DRIVE	LAWRENCEVILLE, GA 30045
mgrm	Terri Ellis	730 ROSE BROOKE DRIVE	LAWRENCEVILLE, GA 30045
mgrm	Douglas Duncan	9046 CORYDON-GENEVA ROAD	HENDERSON, KY 42420
mgrm	Karen Duncan	9046 CORYDON-GENEVA ROAD	HENDERSON, KY 42420

REINSTATEMENT
2013-2014

11. E-mail Address: gtkellis@bellsouth.net
(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 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. 817.155, F.S.

Signature of Authorized Representative/Manager: Gary Ellis Date: 4/30/2014 Daytime Phone #: 404-272-4738

Typed or printed name of signing Authorized Representative/Manager: Gary Ellis

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 110936 7912780

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 377.50

ORDER DATE : April 28, 2014

ORDER TIME : 3:48 PM

ORDER NO. : 110936-010

CUSTOMER NO: 7912780

DOMESTIC FILINGS

NAME: D & E VACATION RENTALS, LLC

RECEIVED
DEPARTMENT OF STATE
14 MAY -7 AM 11:06

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Emily Gray - Ext# 62925

EXAMINER'S INITIALS _____