

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2015-2016**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000005885

1. Limited Liability Company's Name

ILIFESTYLE GULF COAST, L.L.C.

2. Principal Office Address - No P.O. Box #

200 Calusa Boulevard

Suite, Apt. #, etc.

Suite 300

City & State

Destin, Florida

Zip

32541

Country

Okaloosa

3. Mailing Office Address

600 E. Government Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32502

Country

Escambia

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-30-2014

6. FEI Number

None

☒ 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

Kerry Anne Schultz

Street Address (P.O. Box Number is Not Acceptable) Suite,

2045 Fountain Professional Court

Apt. #, Etc.

Suite A

City

Navarre

State

FL

Zip Code

32566

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

REGISTERED AGENT MUST SIGN

Date

4/27/14

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
MMBR	Mark A. Giovanini	200 Calusa Boulevard, Suite 300	Destin, Florida 32541

11. E-mail Address: kaschultz@fountainlaw.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

4/27/14

Daytime Phone #

850-939-3535

Typed or printed name of signing authorized representative/member

FILED

16 APR 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Immigration*