

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 NOV 13 PM 2:22

STATE
TALLAHASSEE, FL

DOCUMENT # L18000228177

1. Limited Liability Company's Name

RJ VACATIONS SWFL LLC

800439567648

CR2EM1 (1/14)

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

1008 Airport Road

3. Mailing Office Address

1008 Airport Road

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/26/2018

6. FEI Number

83-2033442

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) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

REINSTATEMENT

2024

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

10. Name and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Village Realty Holdings LLC	1008 Airport Road, Suite F	Destin, FL 32541

11. E-mail Address: annualreports@cscglobal.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

David Reed

Date

11/11/24

Daytime Phone #

232 331 6188

Typed or printed name of signing authorized representative/member

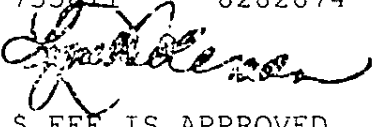
David Reed, Authorized Person

735811-5

NOV 15 2024

M. WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 735811 8282874
AUTHORIZATION : 
COST LIMIT : \$ FEE IS APPROVED
THIS WONT FILE ONLINE

ORDER DATE : October 31, 2024
ORDER TIME : 4:45 PM
ORDER NO. : 735811-005
CUSTOMER NO: 8282874

DOMESTIC FILINGS

NAME: RJ VACATIONS SWFL LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandy Clem - Ext#

EXAMINER'S INITIALS _____

RECEIVED
2024 NOV 13 AM 11:35
TALLAHASSEE, FL
735811-005