PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2024 NOV 13 PM 2:22

TALLAHASSEE, FL

800439567648

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L18000228177

1. Limited Liability Company's Name

RJ VACATIONS SWFL LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1008 Airport Road		1008 Airport Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite F		Suite F	
City & State		City & State	
Destin, FL		Destin, FL	
Zip	Country	Zip	Country
32541	USA	32541	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 _____ Date _____

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
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 _____ Date 11/11/24 Daytime Phone # 832 331 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
Tallhassee, 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

2024 NOV 13 AM 11:35

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 _____