

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY OF A DEPARTMENT OF STATE
CITY OF FLORIDA
REINSTATEMENT OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 22 PM 1:55

DOCUMENT # L96000000003

1. Limited Liability Company's Name

Lodgesouth Navarre, L.C.

500022935825
09/10/03--01073--022 **50.00

500022935825
09/10/03--01073--021 **5.00

2. Principal Office Address

c/o Jane Miller

3. Mailing Office Address

same

Suite, Apt. #, etc.

3220 Avalon Boulevard

Suite, Apt. #, etc.

City & State

City & State

Milton, Florida

Zip

32583

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12-29-95

6. FEI Number

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

Jane Miller

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

3220 Avalon Boulevard

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-18-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Roger Barker	111 Oxmoor Road	Birmingham, AL 35209

REINSTATEMENT 00-0364

OK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of
Managing Member/Manager

Date

8-20-03

Daytime Phone # 205-940-9915

Typed or printed name of signing Managing Member/Manager Roger Barker