

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY OF THE STATE OF FLORIDA  
**L96000000003**

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

Milton, Florida

City & State

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

*Jane Miller*  
 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  
 CWS

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

*Roger Barker*

Date

8-20-03

Daytime Phone #

205-940-9915

Typed or printed name of signing Managing Member/Manager

Roger Barker