

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 22 AM 10:18

DOCUMENT # L97000000147

1. Limited Liability Company's Name

Emerald Bay Properties L.C.

2. Principal Office Address

389 Wahoo Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 27309

Suite, Apt. #, etc.

City & State

Panama City Beach

City & State

Panama City Beach

Zip

32408

Country

USA

Zip

32411

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

Feb 5, 1997

6. FEI Number

59-3403096

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

Robert D. Adams

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

389 Wahoo Road

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32408

REINSTATEMENT 03-05

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

Date 6/20/05

REGISTERED AGENT MUST SIGN

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
MGRM	Gregg H. Miller	205 Crescent Avenue	Avalon, CA 90704
MGRM	Robert D. Adams	389 Wahoo Road	Panama City Beach, FL 32408

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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 6/20/05 Daytime Phone # (850) 636-4005

Typed or printed name of signing Managing Member/Manager Robert D. Adams

CR20041 (10/02)