

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 12 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000176

1. Limited Liability Company's Name

DOUDNA PROPERTIES, L.C.

2. Principal Office Address

821 N. CTY. HWY. 393

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1122

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. State/Country of Formation

Florida

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

02/12/1998

6. FEI Number

593493276

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

Steven T. Welch

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

4399 Commons Dr. E

Suite, Apt. #, Etc.

Suite 300

City

Destin

State

FL

Zip Code

32541

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

10/4/04

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	Mark Doudna, Jr.	821 N. CTY. HWY. 393	SANTA ROSA BEACH, FL 32459

REINSTATEMENT

2001-2004

10-14-04

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

10/4/04

Daytime Phone #

850 267 2774

Typed or printed name of signing Managing Member/Manager

Mark Doudna, Jr