

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002259

1. Limited Liability Company's Name

Leisure Destination, L.L.C.

800112952118
12/07/07--01054--015 **305.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2715 Buford Highway NE

3. Mailing Office Address

10725 Stroup Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Roswell, GA

Zip

30324

Country

USA

Zip

30075

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/13/1998

6. FEI Number

582420018

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

Peter L. Sibley

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

3250 Mary Street

Suite, Apt. #, Etc.

500

City

Miami

State

FL

Zip Code

33133

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

12/3/2007

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	Ronald F. Ashley	10725 Stroup Road	Roswell, GA 30075

REINSTATEMENT

2004-2007

DB

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

12-05-07

Daytime Phone #

770-998-1109

Typed or printed name of signing Managing Member/Manager

Ronald F. Ashley