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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoed
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

1. DOCUMENT # L99000006780

Name and Mailing Address

0002515 01 AT 0.292 **AUTO T1 0 0615 32550-492499



RESORT SERVICES REALTY, LLC
10065 US HWY 98 WEST, SUITE 4-C
DESTIN FL 32550-4924



2. New Mailing Address 992 Emerald Bay Drive		4. State/Country of Formation FL	
City, State, Zip Destin, FL 32541		5. Date Organized or Qualified To Do Business in Florida 10/08/1999	
Principal Place of Business 10065 US HWY 98 WEST, SUITE 4-C DESTIN FL 32541	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3620857	Applied For Not Applicable
8. Name and Address of Current Registered Agent FORBES, MR. JAMIE V 10065 US HWY 98 WEST DESTIN FL 32541		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 992 Emerald Bay Drive City FL Zip Code	
10. 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 [Signature] Date 2/2/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FORBES, JAMIE III	10065 US HWY 98 WEST 992 Emerald Bay Drive	DESTIN FL 32541
		900025907449 12/31/03-01071-017 **150.00	
		900025907449 02/09/04-01062-006 **55.00	
REINSTATEMENT 03-04 ewj dkc			
12. 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 [Signature] Date 02/24/03 Daytime Phone # 850-974-8841 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)