

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUL 15 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006780

1. Limited Liability Company's Name

**Resort Services Realty, LLC**

800183193298  
07/12/10--01060--002 \*\*516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>8747 Navarre Parkway</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc. <b>Suite 401</b>		Suite, Apt. #, etc.	
City & State <b>Navarre, FL</b>		City & State	
Zip <b>32566</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>Florida, USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/08/1999</b>	
6. FEI Number <b>593620857</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>Jamie V. Forbes, III</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8747 Navarre Parkway</b>	
Suite, Apt. #, Etc. <b>Suite 401</b>	
City <b>Navarre</b>	State <b>FL</b>
	Zip Code <b>32566</b>

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

*Jamie V. Forbes, III*  
REGISTERED AGENT MUST SIGN

Date **7/7/2010**

**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	Jamie V. Forbes, III	8747 Navarre Parkway, Suite 401	Navarre, FL 32566

**L. SELLERS**

**JUL 16 2010**

**EXAMINER**

**REINSTATEMENT** 08-2010

11. E-mail Address: jvf333@gmail.com

(To be used for future annual report notifications)

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

*Jamie V. Forbes, III*

Date **7/7/2010**

Daytime Phone # **(850) 699-0068**

Typed or printed name of signing Managing Member/Manager **Jamie V. Forbes, III**