L99000007937

12/14/00 THU 13:07 FAX 850 7[illegible]0857 BURKE AND BLUE 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007937

1. Limited Liability Company's Name
Deer Point Plantation, L.C.

2. Principal Office Address	3. Mailing Office Address
900 Dolphin Harbor Dr.	900 Dolphin Harbor Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Bch, FL	City & State: Panama City Bch, FL
Zip: 32407 Country: USA	Zip: 32407 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 11/19/99

6. FEI Number: 59-3669891 ☐ 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: Les W. Burke

Street Address (P.O. Box Number is Not Acceptable): 221 McKenzie Avenue

Suite, Apt. #, Etc.:

City: Panama City State: FL Zip Code: 32401

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/14/00

CR2E041 (8/99)

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	Howard D. Shelton	11619 Front Beach Road #213	Panama City Beach Florida 32407
mgrm	Michael W. Hudlow	900 Dolphin Harbor	Panama City Bch Florida 32407

REINSTATEMENT 2000

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: Michael W. Hudlow Date: 12/14/00 Daytime Phone #: 850-230-3036

Typed or printed name of signing Managing Member/Manager: Michael W. Hudlow

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Account Number : 072100000111
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LIMITED LIABILITY REINSTATEMENT

DEER POINT PLANTATION, L.C.

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