PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000009261

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
02 OCT 31 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009261

1. Limited Liability Company's Name
INLET INVESTMENT PROPERTIES, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
71 TRANQUILITY LANE	71 TRANQUILITY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN, FL	City & State: DESTIN, FL
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. State/Country of Formation: FLORIDA / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 12/20/99

6. FEI Number: 593624186 ☐ 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: DAVID C. BLACK, III

000008893520
11/08/02 01180-001 **150.00

Street Address (P.O. Box Number is Not Acceptable): 71 TRANQUILITY LANE

Suite, Apt. #, Etc.:

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: _____ Date: 10/28/02
REGISTERED AGENT MUST SIGN

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. MEMBER	DAVID C. BLACK, III	71 TRANQUILITY LANE	DESTIN, FL 32541
MGR. MEMBER	JAMES R. SULLIVAN, SR.	P.O. BOX 14088	MEXICO BEACH, FL 32410

REINSTATEMENT 2002

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 608.408, 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: 10/28/02 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: _____