

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

01 NOV 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002186

1. Limited Liability Company's Name

HAMMOCK BEACH RESORT MANAGEMENT, LLC

2. Principal Office Address

1 FLORIDA PARK DR., S.

3. Mailing Office Address

1 FLORIDA PARK DR., S.

Suite, Apt., etc.

SUITE 300

Suite, Apt., etc.

SUITE 300

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

32137

Country

Zip

32137

Country

4. State/Country of Formation

GEORGIA

**5. Date Organized or Qualified
To Do Business in Florida**

OCTOBER 20, 2000

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

800004718188-0

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

31200 SOUTH PINE ISLAND ROAD

-12/11/01--01026--016

****150.00 ****150.00

Suite, Apt., Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Mary R. Adams
REGISTERED AGENT MUST SIGN

Date

11/16/01

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	GINN DEVELOPMENT CO., LLC	1 FLORIDA PARK DR., S. SUITE 300	PALM COAST, FL 32137

REINSTATEMENT

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

E. R. Ginn

Date

10/31/01

Daytime Phone #

386-446-8446

Typed or printed name of signing Managing Member/Manager **EDWARD R. GINN, III; Mgr.**

CR2ED41 (9/01)