

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:49

DOCUMENT # LD0000000836

1. Limited Liability Company's Name  
Southeast Subway Development Company, L.L.C.

900076253479  
06/16/06--01016--025 \*\*405.00

CR2E041 (8/05)

2. Principal Office Address <b>1020 Monticello Ct.</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc.	
City & State <b>Montgomery, AL</b>		City & State	
Zip <b>36117</b>	Country <b>Montgomery</b>	Zip	Country

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>Jan. 21, 2000</b>	
6. FEI Number <b>62-1807303</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name <b>James M Lenhard</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4043 Baymeadows Road, #C</b>	
Suite, Apt. #, Etc.	
City <b>Jacksonville</b>	State Zip Code <b>FL 32217</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 \_\_\_\_\_ Date \_\_\_\_\_  
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	James H. Lenhard	4043 Baymeadows Rd, #C	Jacksonville, FL 32217
MGR	Julius K. (Jay) Love	1020 Monticello Ct, Suite 205	Montgomery, AL 36117

REINSTATEMENT 01-06

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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone# 904-636-6130

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_