

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000002467

1. Limited Liability Company's Name

Sutherlin Limited Liability Company

BK

FILED
 2006 APR 26 PM 5:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address 841 Prudential Drive		3. Mailing Office Address 841 Prudential Drive	
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country USA	Zip 32207	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 3/3/2000	
6. FEI Number N/AE	Applied For <input checked="" type="checkbox"/> 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 Gresham R. Stoneburner	
Street Address (P.O. Box Number is Not Acceptable) 841 Prudential Drive	
Suite, Apt. #, Etc. Suite 1400	10007352429 05/01/06--01056--024 **\$50.00
City Jacksonville, FL	State FL
	Zip Code 32207

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 *Gresham R. Stoneburner*

Date April 24, 2006

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	Karen B. Sutherlin	841 Prudential Drive #1400	Jacksonville, FL 32207

REINSTATEMENT 2004-2006

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 *Gresham R. Stoneburner*

Date 4/24/06

Daytime Phone # 904-348-6852

Typed or printed name of signing Managing Member/Manager Gresham R. Stoneburner, Agent