

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

L01000001023

FILED

1. DOCUMENT # L01000001023
Name and Mailing Address

02 DEC -3 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009252 01 FP 0.352 **PRSRT H1 0 0615 32210-601421
SCOTT LANDMARK ENTERPRISES, LLC
4521 ORTEGA BLVD.
JACKSONVILLE FL 32210-6014



2. New Mailing Address <i>P.O. Box 1195</i>		4. State/Country of Formation FL	
City, State, Zip <i>Middleburg, VA 20118</i>		5. Date Organized or Qualified To Do Business in Florida 01/19/2001	
Principal Place of Business 4521 ORTEGA BLVD. JACKSONVILLE FL 32210	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <i>266-78-6730</i>	Applied For Not Applicable
8. Name and Address of Current Registered Agent FISHER, MICHAEL W ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE FL 32202		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent Name <i>H. W. Shad</i> Street Address (P.O. Box Number is Not Acceptable) <i>5031 yacht club Rd</i> City <i>Jacksonville</i> FL Zip Code <i>32210</i>	
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10. 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 *H.W. Shad* Date *11/8/2002*
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address Managing Member/Manager	City / State / Zip
MGR	Sarah Jo Scott	26 Chiron Ln Middleburg, VA 20117 3119 Landmark Rd.	Middleburg, VA 20117 The Plains, VA 20198

REINSTATEMENT *2592*

400009329434
12/03/02--01083--006 **150.00

12/4/02

12. 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 *Sarah J. Scott* Date *11-25-02* Daytime Phone # *540-687-8550*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)