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PLEASE READ ALL INSTRUCTIONS BEFORE COM

05-15-2002 90135 046 ****50.00
07-24-2002 90138 019 ****50.00
L01000016035

2002 LLC
~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~
UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016035

Name and Mailing Address

0008991 01 FP 0.352 **PRSRT H9 0 0615 32084-510903

SPRINGFIELD & MAIN, LLC
3 SOUTH ST.
ST. AUGUSTINE FL 32084-5109

CR2E084 (8/02)

2. New Mailing Address
157 E. 8th St, Suite 115
City, State, Zip
Jacksonville, FL 32206

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~ To Do Business in Florida 09/19/2001

Principal Place of Business
3 SOUTH ST.
ST. AUGUSTINE FL 32084

3. New Principal Place of Business Address
157 E. 8th St., Suite 115
City, State, Zip
Jacksonville, FL 32206

6. FEI Number 59-3745221
☒ 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

VAN HORN, CRAIG S
3 SOUTH ST.
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name Craig Van Horn
Street Address (P.O. Box Number is Not Acceptable)
157 E. 8th St., Suite 115
City Jacksonville FL Zip Code 32206

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 _____ Date 10-21-02
REGISTERED AGENT MUST SIGN

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGR~~	~~VAN HORN, CRAIG S~~	~~3 SOUTH ST.~~	~~ST. AUGUSTINE FL 32084~~
MGR	Van Horn, Craig S.	157 E. 8th St., Suite 115	Jacksonville, FL 32206
			AL

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 _____ Date 10-21-02 Daytime Phone # 904-994-3403

Typed or printed name of signing Managing Member/Manager _____