

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020187

1. Limited Liability Company's Name
Shafer Development, LLC

10/4/02

OK

2. Principal Office Address
450-106 S.R. 13 North

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip
32259

Country
USA

Zip
Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
11/21/02

6. FEI Number
04-3604228

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

Name
HOWARD SHAFER

Street Address (P.O. Box Number is Not Acceptable)
450-106 S.R. 13 North

Suite, Apt. #, Etc.
#201

City
JACKSONVILLE

State
FL

Zip Code
32259

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
REGISTERED AGENT MUST SIGN

Date
2/25/04

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	HOWARD SHAFER	450-106 S.R. 13 North, #201	JACKSONVILLE, FL 32259

REINSTATEMENT 2002-2004

OK

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#

Typed or printed name of signing Managing Member/Manager
HOWARD S SHAFER

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

LO1000020187

ACCOUNT NO. : 072100000032

REFERENCE : 460547 7173132

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 250.00

ORDER DATE : February 26, 2004

ORDER TIME : 10:33 AM

ORDER NO. : 460547-005

CUSTOMER NO: 7173132

CUSTOMER: Dennis Blackburn, Esq.
Blackburn & Company, L.c.
Building 5
5150 Belfort Road South
Jacksonville, FL 32256

BY

04 FEB 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILINGS

NAME: SHAFER DEVELOPMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

04 FEB 26 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED