

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY, REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR 29 AM 11:56

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000009619**

1. Limited Liability Company's Name

CHERRY HILL PARTNERS, LLC

2. Principal Office Address

402 REID AVENUE

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FL

Zip

32456

Country

USA

3. Mailing Office Address

402 REID AVENUE

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FL

Zip

32456

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

4-23-02

6. FEI Number

20-1046692

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

Paul W. Groom II

Street Address (P.O. Box Number is Not Acceptable)

206 E. Fourth Street

200034546082  
04/29/04--01015--005 \*\*215.00

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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

*Paul W. Groom II*

REGISTERED AGENT MUST SIGN

Date

4/26/04

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
MGRM	Kerry Kligerman	53 Cameo Drive	Cherry Hill, NJ 08003
MGRM	Jeffery L. Hartline	316 Spice Bush Court	Chesapeake, VA 23320

**REINSTATEMENT** 2003-04

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

*Jeffery Hartline, MPT*

Date 4/26/04

Daytime Phone#

(757) 467-1900

Typed or printed name of signing Managing Member/Manager

Jeffery Hartline

CR2E041 (10/02)