

APPLICATION OF REINSTATEMENT FOR LIMITED LIABILITY COMPANY
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

L96000001186

FILED
 AM 11:20
 97 DEC 10

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001186
 DOCKSIDE Marina L.C.
 Rt 1 Box 469
 Sopchoppy, Fla. 32358

1a. Principal Place of Business Address
 Same

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2. Principal Place of Business
 Same as Above
 Suite, Apt. #, etc.
 City & State
 Sopchoppy, Fla
 Zip
 32358

3. Date Organized or Qualified
 Nov. 13, 1996
 3a. State of Formation
 Applied For
 Not Applicable
 4. FEI Number
 59-3439063
 5. Date of Last Report
 6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 Marelou White
 c/o Lewis + White LC
 216 W. College Ave
 Suite 201
 Tallahassee, FL 32301

8. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City
 Zip Code
 400002373344--3
 -12/16/97--01063--001
 ****703.75 ****703.75
FL

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: Marelou White
 Date: 12/10/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR.	A.B. Hopk'ins, JR	Rt 1 Box 469	Sopchoppy, FL 32358
MGR	MARLOW V. WHITE	216 W. College Ave #202	Tallahassee, FL 32301

REINSTATEMENT 1997
 (BK)

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 TALLAHASSEE FLORIDA

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: A.B. Hopk'ins
 Date: 12-10-97 Daytime Phone #: 697-4051
 Typed or printed name of signing Managing Member/Manager: A.B. Hopk'ins