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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 PM 4:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M99000001766

Name and Mailing Address

0009497 01 AT 0.292 **AUTO T5 1 0615 33618-326699

SAILWINDS, LLC
2727 FLETCHER AVENUE WEST
TAMPA FL 33618-3266

12/10 2003

2. New Mailing Address
2002 Richard Jones Rd, Ste A 200

City, State, Zip
Nashville, TN 37215

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida 11/09/1999

Principal Place of Business
~~2727 FLETCHER AVENUE WEST~~
TAMPA FL 33618

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
000024515990
11/07/03--01072--011 **150.00

City FL Zip Code

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 SIGNATURE REQUIRED Secy Date 12/9/03

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
MGRM	~~WOODYARD, KATHY~~ William M. Warfield	2727 W. FLETCHER AVE.	TAMPA FL 33618
MGR	~~HIRAW, ROBIN~~ Rodes Hart	2727 W. FLETCHER AVE.	TAMPA FL 33618

REINSTATEMENT 2003

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/Manage SIGNATURE REQUIRED Date 11-4-03 Daytime Phone # 615-467-3439

Typed or printed name of signing Managing Member/Manager