

L02000027674

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 8:20

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500031358815
04/13/04--01097--001 **\$55.00

500031358815
03/29/04--01104--008 **\$150.00

DOCUMENT # L02000027674

1. Limited Liability Company's Name

408 West 8th Street, L.L.C.

REINSTATEMENT 2003-2004

2. Principal Office Address
408 West 8th Street
Suite, Apt. #, etc.

3. Mailing Office Address
408 West 8th Street
Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip Country
32206 U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/18/2002

6. FEI Number None
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
Daniel R. Lewis

Street Address (P.O. Box Number is Not Acceptable)
3626 Camellia Bay Drive

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32223

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 *[Signature]* Date March 26, 2004

REGISTERED AGENT MUST SIGN

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 | Daniel R. Lewis | 3626 Camellia Bay Drive | Jacksonville, FL 32223 |
| Mgr | Kimberly R. Lewis | 3626 Camellia Bay Drive | Jacksonville, FL 32223 |
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REINSTATEMENT 2003-2004

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 *[Signature]* Date 3/26/04 Daytime Phone# (904) 353-8221

Typed or printed name of signing Managing Member/Manager Daniel R. Lewis

CR2E041 (10/02)