

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 9:19

DOCUMENT # L01000018204

1. Limited Liability Company's Name

2359 Ponte Vedra Boulevard, LLC

2. Principal Office Address

1450-3 San Marco Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

1450-3 San Marco Blvd.
Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/22/01

6. FEI Number

75-3039153

Applied For

Not Applicable

City & State

Jacksonville, FL 32207

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brant, Abraham, Reiter & McCormick

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

50 N. Laura Street, Site 2750

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32202

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

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 M	Barbara H. Cesery	1450-3 San Marco Blvd.	Jacksonville, FL 32207
		2003-04	
		np	
		9100043329629	12/10/04--01031--007 **200.00

REINSTATEMENT

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

Barbara H. Cesery

Date 12-7-04

Daytime Phone# 904 396-9601

Typed or printed name of signing Managing Member/Manager

Barbara H. Cesery

CR2EM1 (10/02)