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		**3.** Mailing Office Address	
1450-3 San Marco Blvd.		1450-3 San Marco Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, FL 32207		Jacksonville, FL	
Zip	Country	Zip	Country
32207	USA	32207	USA

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

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	
REINSTATEMENT		910004332623 12/10/04--01031--007 **200.00	

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