

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 15 AM 8:34

STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L02000027674**

1. Limited Liability Company's Name

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

200138993212  
12/12/08--01046--007 \*\*655.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

408 West 8th Street

3. Mailing Office Address

408 West 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL U.S.A.

City & State

Jacksonville, FL U.S.A.

Zip

32206

Country

Duval

Zip

32206

Country

Duval

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/18/2002

6. FEI Number

N/A

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

Lewis, Daniel R.

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

3626 Camellia Bay Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Daniel R. Lewis*  
REGISTERED AGENT MUST SIGN

Date 12/11/08

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	Lewis, Daniel R.	3626 Camellia Bay Drive	Jacksonville, FL 32223
MGR	Lewis, Kimberly R.	3626 Camellia Bay Drive	Jacksonville, FL 32223
<p><b>L. SELLERS</b></p> <p>DEC 17 2008</p> <p><b>EXAMINER</b></p> <p><b>REINSTATEMENT 2005-2008</b></p>			

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 608.408, 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

*Daniel R. Lewis*

Date 12/11/08

Daytime Phone #  (904)254-8840

Typed or printed name of signing Managing Member/Manager

DANIEL R LEWIS