PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT # L06000117116

1. Limited Liability Company's Name

5355 Shawland Road, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5355 Shawland Road		5355 Shawland Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville		City & State: Jacksonville	
Zip: 32254	Country: Duval	Zip: 32254	Country: Duval

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 7, 2006

6. FEI Number: 20-8003887 ☐ 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: Thomas D. Lee, III

Street Address (P.O. Box Number is Not Acceptable): 7609 Tara Lane

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32216

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: Thomas D. Lee
REGISTERED AGENT MUST SIGN

Date: July 23, 2010

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	Thomas D. Lee, III	7609 Tara Lane	Jacksonville, FL 32216
		REINSTATEMENT 08/10	AL

11. E-mail Address: TDMLEE3@aol.com
(To be used for future annual report notifications)

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/Manager: Thomas D. Lee Date: July 22, 2010 Daytime Phone #: 904-354-4643

Typed or printed name of signing Managing Member/Manager: Thomas D. Lee, III