



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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|---|---|---|---|--|--|--|--|
| DOCUMENT # L00000004117 | | | |  | | FILED | |
| 1. Entity Name 11700 SAN JOSE BOULEVARD, L.L.C. | | | | 2004 OCT 20 AM 11:47 | | DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA | |
| Principal Place of Business 12510 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223 | | | Mailing Address 12510 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223 | | |  | |
| 2. Principal Place of Business | | 3. Mailing Address Post Office Box 56994 | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State Jacksonville, FL | | 4. FEI Number 59-3280724 | | Applied For Not Applicable | |
| Zip | | Country | | Zip 32241-6994 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 10182004 REIN-LLC CR2E101 (6/04) | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BOWLUS, MICHAEL ESQ. 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257 | | | | Name Ford, Bowlus, Duss, Morgan, Kenney, Safer & Street Address (P.O. Box Number is Not Acceptable) Hampton, P.A. City FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE <u>Michael Bowlus</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>10/19/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCHANAN, MELISSA 4220 HOOD ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Post Office Box 56994 Jacksonville, FL 32241-6994 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500042014275 10/20/04--01027--004 **150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |
| SIGNATURE: <u>Michael Bowlus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date <u>10/19/04</u> | | Daytime Phone # <u>904 208-7227</u> | |