

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 OCT 25 AM 11:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004255  
Name and Mailing Address

0011342 01 SP 0.370 \*\*SGLP

0615 32459

HERITAGE RESOURCE MANAGEMENT, L.L.C.  
1567 W CR 30-A  
SANTA ROSA BEACH FL 32459



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/07/2000	
<b>Principal Place of Business</b> 1567 W CR 30-A SANTA ROSA BEACH FL 32459		<b>6. FEI Number</b> NOT APPLICABLE	
<b>8. Name and Address of Current Registered Agent</b> DAVIE, GABE 1567 W CR 30-A SANTA ROSA BEACH FL 32459		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Not Acceptable) 10/25/02--01022--006 **300.00 City FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent <i>[Signature]</i> Date 10/22/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVIE, GABE	1567 W CR 30-A	SANTA ROSA BEACH FL 32459

**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 *[Signature]* Date 10/22/02 Daytime Phone # (850) 267-2127

Typed or printed name of signing Managing Member/Manager