

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L00000007910

Name and Mailing Address

0001904 01 AT 0.292 **AUTO H9 1 0615 32256-349049



HYANCINTH PROPERTIES, LLC
7849 GROVETON HILLS PLACE
JACKSONVILLE FL 32256-3490



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/30/2000	
Principal Place of Business 7849 GROVETON HILLS PLACE JACKSONVILLE FL 32256	3. New Principal Place of Business Address	6. FEI Number 59-3654992	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH ESQ. 9250 BAYMEADOWS ROAD, SUITE 280 JACKSONVILLE FL 32256	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 450 City FL Zip Code
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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.

Signature of
Registered Agent

C. Randolph Coleman
REGISTERED AGENT MUST SIGN

Date **12/28/03**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COLEMAN, C. RANDOLPH	7849 GROVETON HILLS PLACE	JACKSONVILLE FL 32256
800025868918 12/31/03--01012--003 **150.00			
REINSTATEMENT 03 dec			

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

C. Randolph Coleman
SIGNATURE REQUIRED

Date

12/28/03

Daytime Phone #

804-448-1969

Typed or printed name of signing Managing Member/Manager