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LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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1. Limited Liability Company's Name

First Coast Development, LLC

2. Principal Office Address	**3.** Mailing Office Address	**4.** State/Country of Formation
13500 Sutton Parke Drive South	315 Littleton Road	Florida / USA
Suite, Apt. #, etc. 505	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 9/12/00
City & State Jacksonville, FL	City & State Chelmsford, MA	**6.** FEI Number 59-3671463 / Applied For / Not Applicable
Zip 32224 / Country USA	Zip 01824 / Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☑ / $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name	Ann K. Smith, Esquire		
Street Address (P.O. Box Number is Not Acceptable)	One Independent Drive		
Suite, Apt. #, Etc.	Suite 2200		
City	Jacksonville	State FL	Zip Code 32202

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 _____ REGISTERED AGENT MUST SIGN   Date 4/3/03

CR2E041 (10/02)

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
MGRM	James O. Hamilton III	315 Littleton Road	Chelmsford, MA 01824

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 608.406, 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 _____ Date 3/27/03 Daytime Phone # 978-250-9600

Typed or printed name of signing Managing Member/Manager James O. Hamilton III