

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT #

01 OCT 18 PM 12:17

1. Limited Liability Company's Name

2308 L.L.C. *L-12850*

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address

3. Mailing Office Address

2309 Sawgrass Village Dr.

2309 Sawgrass Village Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra FL.

Ponte Vedra FL.

Zip

Country

Zip

Country

32082

St Johns

32082

St Johns

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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

William Bornmiller

300004650223-0

Street Address (P.O. Box Number is Not Acceptable)

126 Nandina Cr.

10/23/01-01053-011

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Ponte Vedra

State
FL

Zip Code

32082

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/01

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
Manager	William Bornmiller	126 Nandina Cr.	Ponte Vedra FL 32082
Secy Areas	W.R. Bornmiller	1502 Birkdale Ln.	Ponte Vedra FL 32082
Member	Michelle Bornmiller	126 Nandina Cr.	Ponte Vedra FL 32082
Member	Joanna Bornmiller	1502 Birkdale Ln	Ponte Vedra FL 32082

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

[Signature]

Date

10/16/01

Daytime Phone #

904 273-5394

Typed or printed name of signing Managing Member/Manager

William Bornmiller