

10/2

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

Riverfront Landing LLC

700004790717--8
-01/23/02--01031--001
****155.00 ****155.00

2. Principal Office Address 402 Centre St. Suite, Apt. #, etc. 1 City & State Fernandina Beach, FL Zip 32034 Country Nassau		3. Mailing Office Address Post Office Box 2469 Suite, Apt. #, etc. City & State Kitty Hawk, NC Zip 27949 Country USA	
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4. State/Country of Formation
Florida / Mass. / USA

5. Date Organized or Qualified
To Do Business in Florida 10/31/00

6. FEI Number 22-3801389

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 A. Jeffrey Tomassetti			
Street Address (P.O. Box Number is Not Acceptable) 406 Ash St.			
Suite, Apt. #, Etc.			
City Fernandina Beach		State FL	Zip Code 32034

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

C. 5720

Date _____

1/4/81

REGISTERED AGENT MUST SIGN

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
Mgr	William J. Fields	P.O. Box 2469	Kitty Hawk, NC 27949
			01-50.00
			02-50.00
			045 500
			0.P. 50.00

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

ation the reason for dissolution has been eliminated.
liability company have been paid. The information indic

Date _____

12/19/01

Daytime Phone

(252) 261-6171

Typed or printed name of signing Managing Member/Manager

WILLIAM J. PIERCE

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402 Centre Street
Amelia Island, FL 32034
Phone: 904-321-0544
Fax: 904-491-1921

Post Office Box 2469
3900 N. Croatan Hwy.
Kitty Hawk, NC 27949
Phone: 252-261-6171
Fax: 252-261-8405

December 19, 2001

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that we did not receive the notification of annual report as a result of the change of address. Consequently, we are requesting a waiver of the refilling fee and have included our check for \$150.00 plus \$8.75 for the certificate - \$158.75 total.

Thank you for your help in this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "E. Clinch Kavanaugh", is written over a horizontal line. Below the signature, the name "E. Clinch Kavanaugh" and the title "General Counsel" are printed in a serif font.

E. Clinch Kavanaugh
General Counsel