

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

03 DEC 26 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014318

Name and Mailing Address

0001213 01 AT 0.292 \*\*AUTO T6 3 0615 32084-351980  
M & J, LLC  
780 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE FL 32084-3519

700025770657  
12/26/03--01031--007 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2000	
Principal Place of Business 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32084	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3692161	Applied For Not Applicable
		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 BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32084		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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

*John D. Bailey* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Dec. 18, 2003

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	BAILEY, MARK F	308 REDWING LANE	ST. AUGUSTINE FL 32080

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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 REQUIRED**

Date Dec. 18, 2003 Daytime Phone # 904 461 1800

Typed or printed name of signing Managing Member/Manager

MARK F BAILEY