

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

Aug 25, 2003 8:00 A.M.
Secretary of State

DOCUMENT # L01000002048

1. Limited Liability Company's Name

ISON PROPERTY, LLC

2. Principal Office Address

2410 CEDAR SHORES CR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

3. Mailing Office Address

2410 CEDAR SHORES CR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/08/2001

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

MILAM & HOWARD, P.A.

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

50 NORTH LAURA STREET 08/25/03--01038--003 **\$ 00.00

Suite, Apt. #, Etc.

SUITE 2900

City

JACKSONVILLE

State

FL

Zip Code

32210

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] PRESIDENT

Date 8-5-03

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
MEM.	RANDY PHILLIPS	2410 CEDAR SHORES CR.	JACKSONVILLE, FL 32210
MEM	DOUGLAS NEILL	2410 CEDAR SHORES CR.	JACKSONVILLE, FL 32210

REINSTATEMENT 2002-03

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

8/05/03

Daytime Phone#

904-357-3660

Typed or printed name of signing Managing Member/Manager

Jay C. Halsen / Manager

CR2E041 (10/02)