PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



J. PERTYPIA -VIII FILED

03 DCT 22 PM 1: 07

ULCAETARY OF STATE AL AHASSEE, FLORIDA

1. DOCUMENT #

L01000002289

Name and Mailing Address

0001714 01 AT 0.292 \*\*AUTO T8 0 0615 32223-078583 lallmfdahlahlalldladadhhhádhádadhladl 13/13 CAPITAL, L.L.C. 12783 BAY PLANTATION DRIVE JACKSONVILLE FL 32223-0785



2. New Mailing Address				B	State/Country of Formation     FL		
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 02/13/2001			
12783 BAY PLANTATION DRIVE JACKSONVILLE FL 32223		3. New Principal Place of Business Address		6. FEI Number Applied For 59-3712080 Not Applied able		Applied For Not Applicable	
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
LESLIE, JOE	:I		Name				
12783 BAY F	PLANTATION DRIVE LLE FL 32223		Street Address (P.O. Box Number is Not Account 12005)				
			City FL		Zip Code		
10. I, being appointed the registery agent of the logic harded limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.							
Signature of Registered Agent							
REGISTERED AGENT MUST SIGN							
11. Names and Street Address 15 Each Managing Member/Manager  Name of Managing Street Address of Each							
Title(s)	Name of Managing Members/Managers		Managing Member/Manager		City / State / Zip		
MGRM LESLIE,	LESLIE, JOEL B		12783 BAY PLANTATION DRIVE		JACKSONVILLE FL 32223		
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12. I certify that I am managing member/manager or the receivery trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution is 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 aid. It 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/Manage SIGNUS WEQUIRED Date (0-24-3 Daytime Phone # 904-238-0024							