

LD 100000278

APPROVED
AND
FILED

03 OCT 22 PM 1:07

1. DOCUMENT # L01000002289

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001714 01 AT 0.292 **AUTO T8 0 0615 32223-078583



13/13 CAPITAL, L.L.C.
12783 BAY PLANTATION DRIVE
JACKSONVILLE FL 32223-0785

[illegible]

CR2E084 (7/03)

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 10-21-3

Daytime Phone # 904-238-0024

Typed or printed name of signing Manager/Member/Manager