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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000003812

FILED
02 NOV 20 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

700000904568?
11/18/02--01040--005 **150.00

1. DOCUMENT # L01000003812

Name and Mailing Address

0006135 01 FP 0.352 **PRSRT T9 0 0615 32257-563303

MOULTRIE-CFS, LLC
9403 WOODHAVEN RD.
JACKSONVILLE FL 32257-5633

CR2E084 (8/02)

2. New Mailing Address
2963 DUPONT AVENUE, SUITE 2

City, State, Zip
JACKSONVILLE, FL 32217

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
03/13/2001

Principal Place of Business
9403 WOODHAVEN RD.
JACKSONVILLE FL 32257

3. New Principal Place of Business Address
2963 DUPONT AVENUE, #2

City, State, Zip
JACKSONVILLE, FL 32217

6. FEI Number
59-3739294
☐ 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	9. Name and Address of New Registered Agent
SKINNER, CHRISTOPHER F 9403 WOODHAVEN RD. JACKSONVILLE FL 32257	Name: CHRISTOPHER F. SKINNER Street Address (P.O. Box Number is Not Acceptable): 2963 DUPONT AVENUE, SUITE 2 City: JACKSONVILLE FL Zip Code: 32217

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 Christopher F. Skinner Date 11-15-02
REGISTERED AGENT MUST SIGN

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
MGR.	CHRISTOPHER F. SKINNER	2963 DUPONT AVE., STE 2 JACKSONVILLE, FL 32217	JACKSONVILLE, FL 32217
			FL

REINSTATEMENT 2000

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 Christopher F. Skinner Date 11-15-02 Daytime Phone # 904-737-4915

Typed or printed name of signing Managing Member/Manager CHRISTOPHER F. SKINNER