

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L01000005268

FILED

1. DOCUMENT # L01000005268

Name and Mailing Address

03 JUN 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009217 01 FP 0.352 **PRSRT HI 0 0615 32207-250301

3273 JUSTINA, LLC
2001 ART MUSEUM DRIVE
JACKSONVILLE FL 32207-2503



| | | | |
|---|---|---|-------------------------------|
| 2. New Mailing Address <i>708 Third Street North</i> | | 4. State/Country of Formation FL | |
| City, State, Zip <i>Jacksonville Beach, FL 32250</i> | | 5. Date Organized or Qualified To Do Business in Florida 04/05/2001 | |
| Principal Place of Business 2001 ART MUSEUM DRIVE JACKSONVILLE FL 32207 | 3. New Principal Place of Business Address <i>708 Third Street North</i> | 6. FEI Number <i>59-3710755</i> | Applied For Not Applicable |
| City, State, Zip <i>Jacksonville Beach, FL 32250</i> | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent HOUSTON, CLARENCE H JR. 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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 *Cheryl King* Date *6-24-03*

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 |
| <i>man</i> | BREAULT, RAYMOND A | 2001 ART MUSEUM DRIVE <i>708 Third Street North</i> | JACKSONVILLE FL 32207 <i>Jacksonville Beach, FL 32250</i> |
| <i>EVPS</i> | AMMONS, ANTHONY R | 2001 ART MUSEUM DRIVE | JACKSONVILLE FL 32207 |
| 200021154652 06/26/03--01023--005 **205.00 | | | |
| REINSTATEMENT <i>dec</i> | | | |

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 *Raymond A. Breault* Date *6/23/03* Daytime Phone *(904) 247-7414*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)