

APPROVED
AND
FILED

02 DEC 27 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005590

Name and Mailing Address

0008870 01 FP 0.352 **PRSRT H9 0 0615 32003-720598

110101 014 0.002 4PKSR1 H9 0 0615 32003-720598
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ESTHER D, L.L.C.

1898 COMMODORE POINT DRIVE

ORANGE PARK FL 32003-7205

500009716505
12/27/02--01052--001 **155.00



2. New Mailing Address <u>Same</u> City, State, Zip _____		4. State/Country of Formation FL																																					
Principal Place of Business 1898 COMMODORE POINT DRIVE ORANGE PARK FL 32073		5. Date Organized or Qualified To Do Business in Florida 04/09/2001																																					
3. New Principal Place of Business Address City, State, Zip _____		6. FEI Number _____ <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																					
8. Name and Address of Current Registered Agent THOMPSON, ESTHER 1898 COMMODORE POINT DRIVE ORANGE PARK FL 32073		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status 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 <u>Esther U. Thompson</u> REGISTERED AGENT MUST SIGN Date <u>12-15-02</u>																																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>THOMPSON, ESTHER</td> <td>1898 COMMODORE POINT DRIVE</td> <td>ORANGEPARK FL 32073</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	THOMPSON, ESTHER	1898 COMMODORE POINT DRIVE	ORANGEPARK FL 32073																												
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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 <u>Esther U. Thompson</u> Date <u>12-15-02</u> Daytime Phone # <u>904 278-7527</u>																																							