

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000005591

APPROVED
AND
FILED

02 DEC 27 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005591

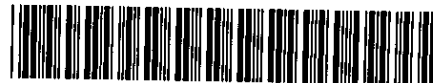
Name and Mailing Address

0008872 01 FP 0.352 **PRSRT H9 0 0615 32003-720598



ESTHER E, L.L.C.
1898 COMMODORE POINT DRIVE
ORANGE PARK FL 32003-7205

300009716523
12/27/02--01052--002 **155.00



2. New Mailing Address <i>Same</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/09/2001	
Principal Place of Business 1898 COMMODORE POINT DRIVE ORANGE PARK FL 32073	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For 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 <i>Same</i> 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 <i>Esther U. Thompson</i> Date <i>12-15-02</i> 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
MGRM	THOMPSON, ESTHER	1898 COMMODORE POINT DRIVE	ORANGEPARK FL 32073

REINSTATEMENT 2002

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 *Esther U. Thompson* Date *12-15-02* Daytime Phone # *904 270 7537*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)