


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000000 7591**

**FILED**

**04 JAN 22 AM 10:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Limited Liability Company's Name

Sebastian Inland Harbor Development, LLC

10/4/02

*[Handwritten Signature]*

<b>2. Principal Office Address</b> 5 Willard Drive		<b>3. Mailing Office Address</b> 5 Willard Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> St. Augustine, FL		<b>City &amp; State</b> St. Augustine, FL	
<b>Zip</b> 32086	<b>Country</b>	<b>Zip</b> 32086	<b>Country</b>

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/14/2001	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

<b>Name</b> The Sykes Firm Professional Limited Company, Attn: W. Steve Sykes	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 103 San Rafael Rd.	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> St. Augustine	<b>State</b> FL
<b>Zip Code</b> 32080	

**9. 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

*[Handwritten Signature]*

Date 1/22/2004

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Douglas W. Randall	5 Willard Drive	St. Augustine, FL 32086
<p><b>REINSTATEMENT 2002-2004</b></p> <p><b>600027444196</b></p> <p><b>01/22/04-01040-029 **275.00</b></p> <p><i>[Handwritten Signature]</i></p>			

**11. 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

*[Handwritten Signature]*

Date 1/22/2004

Daytime Phone# 904/461-6848

Typed or printed name of signing Managing Member/Manager

Douglas W. Randall

CR20041 (10/02)