

L01000008534

10/2

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008534

1. Limited Liability Company's Name

EOP, LLC

600024098076
10/24/03--01072--020 **200.00

2. Principal Office Address 2790 NW 43rd St.		3. Mailing Office Address 2790 NW 43rd St.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32606	Country Alachua	Zip 32606	Country Alachua

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/25/2001	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Patrick H. Perry

Street Address (P.O. Box Number is Not Acceptable)
2790 NW 43rd St.

Suite, Apt. #, Etc.
Suite 200

City
Gainesville,

State
FL

Zip Code
32606

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 Patrick H. Perry
REGISTERED AGENT MUST SIGN

Date 10-22-03

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
MGRM	Patrick H. Perry	2790 NW 43rd St. STE 200	Gainesville, FL 32606

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 Patrick H. Perry

Date 10/22/03 Daytime Phone # 352-373-4141

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

PERRY & VLOEDMAN

ATTORNEYS AT LAW

2082
THE MERIDIEN CENTRE
2790 N.W. 43rd STREET, STE. 200
GAINESVILLE, FLORIDA 32606

TELEPHONE: (352) 373-4141

FACSIMILE: (352) 372-0770

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PATRICK H. PERRY
Board Certified Civil Trial Lawyer

D. ANDREW VLOEDMAN

ROBERT M. PERRY

October 22, 2003

Division of Corporations
Registration Section
409 East Gains Street
Tallahassee, FL 32399

RE: Reinstatement of EOP, LLC
Document #: L01000008534

Dear Gentlemen:

Enclosed please find a completed Reinstatement Form for EOP, LLC. This is a limited liability corporation which I manage and own. I recently discovered that this LLC had been administratively dissolved in 2002. The mailing address contained upon the corporate information on your website indicates a mailing address which I discontinued quite some time ago. Accordingly, I have not received any notifications from your division regarding reports, filing fees, or dissolutions.

I have included a new mailing address for the LLC and the Registered Agent. If there is any additional form which needs to be submitted to change the address of either one, please advise me.

I am enclosing a check in the amount of \$200.00 made payable to the Department of State. This is the amount which I was informed over the phone would be necessary to reinstate the LLC given that it was dissolved in 2002. Since I did not receive any notifications due to a faulty address, I would appreciate your consideration in reducing this fee if applicable.

Thank you for your assistance.

Sincerely,

Patrick H. Perry

PHP: jh
Enclosure