

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L01000012295

Name and Mailing Address

0001569 01 AT 0.292 **AUTO TB 0 0615 32204-443950



LONG ROAD CONTRACTORS, LLC
2008 RIVERSIDE AVE.
SUITE 200
JACKSONVILLE FL 32204-4439

000025265436
12/08/03 --01003--020 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2001	
Principal Place of Business 2008 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32204	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3736197	Applied For Not Applicable
8. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202		7. CERTIFICATE OF STATUS DESIRED <input 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>[Signature]</u> SIGNATURE REQUIRED Date <u>12/4/03</u> 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
D	JONES, CARLTON	2008 RIVERSIDE AVENUE - SUITE 200	JACKSONVILLE FL 32204
D	BALLOU, ROBERT	2008 RIVERSIDE AVENUE - SUITE 300	JACKSONVILLE FL 32204

REINSTATEMENT

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Dec

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

SIGNATURE REQUIRED

Date

12/4/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager