

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
VISION OF CORPORATIONS

APPROVED
AND
FILED

03 FEB -4 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014022

Name and Mailing Address

0008914 01 FP 0.352 **PRST H9 0 0615 32035-310579
LANE BROTHERS PROPERTIES, L.L.C.
P.O. BOX 15278
FERNANDINA BEACH FL 32035-3105

900011784269
02/04/03--01061--004 **200.00



2. New Mailing Address P.O. Box 15278 City, State, Zip: FERNANDINA BEACH, FL. 32035		4. State/Country of Formation FL	
Principal Place of Business 5542 FIRST COAST HIGHWAY FERNANDINA BEACH FL 32034		5. Date Organized or Qualified To Do Business in Florida 08/21/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 02-0536490 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LANE, GREGORY R 5542 FIRST COAST HIGHWAY FERNANDINA BEACH FL 32034		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>Gregory R. Lane</u> Date: <u>1/30/03</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
MGRM	LANE, GREGORY R	89 OYSTER CATCHER	AMELIA ISLAND FL 32034
MGRM	LANE, KEITH H	12 HICKORY LANE	AMELIA ISLAND FL 32034
JB 2002- 2003			
REINSTATEMENT			

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

Date

Daytime Phone #

Gregory R. Lane 1/30/03 904-753-2009
GREGORY R. LANE