Sent By: FORD,JETER,BOWLUS,DUSS,MORGAN; 904 262333; Feb 03 4:59PM; Job 964; Page 2/2

L01000016694

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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H03000061960

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# L01000016694

1. Limited Liability Company's Name
440 S. Edgewood Avenue, L.L.C.

REINSTATEMENT 2002-2003

2. Principal Office Address	3. Mailing Office Address
1030 North Ellis	1030 North Ellis
Suite, Apt. #, etc.: c/o Freddy Farah	Suite, Apt. #, etc.: c/o Freddy Farah
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 9/28/2001
6. FEI Number: 04-3624409 Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: John S. Duss, IV, Esq.
Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32257

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: [signature] REGISTERED AGENT MUST SIGN Date: 2.24.03

CR2E041 (10/02)

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
MgrMb	Freddy Farah	1030 North Ellis	Jacksonville, FL 32254
Mbr	Raymond Solomon	1650 Art Museum Dr.	Jacksonville, FL 32207

11. I certify that I am a 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, that 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] Date: 2/19/2003 Daytime Phone #: 904-786-4435

Typed or printed name of signing Managing Member/Manager: Freddy Farah

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Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

440 S. EDGEWOOD AVENUE, L.L.C.

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