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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017199

1. Limited Liability Company's Name
Jacksonville International Technology Center, LLC

2. Principal Office Address	3. Mailing Office Address
4346 Tradewind Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State
Zip: 32250 / Country	Zip / Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business In Florida: 10/08/01
6. FEI Number: 59-3688726 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: John McE. Miller, P.A.
Street Address (P.O. Box Number is Not Acceptable): 333 First St. N.
Suite, Apt. #, Etc.: 305
City: Jacksonville Beach | State: FL | Zip Code: 32250

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: _____ Date: 11/18/04
REGISTERED AGENT MUST SIGN

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
MGRM	Trinity Realty Partners, LLC	4346 Tradewind Dr.	Jacksonville Beach, FL 32250

2003-2004

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 608.408, 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: 11/18/04 Daytime Phone #: 904-910-3024

Typed or printed name of signing Managing Member/Manager: Park L. Beeler

Florida Department of State

Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

JACKSONVILLE INTERNATIONAL TECHNOLOGY CENTER, L.L.C.

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