

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

L01000018880

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

100009860411 01/06/03--01029--001 \*\*150.00

DOCUMENT # L01000018880

1. Limited Liability Company's Name

WILKINSON ENTERPRISES, LLC

2. Principal Office Address

9440 PHILIPS HIGHWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32256

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

OCTOBER 30, 2001

6. FEI Number

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

KIMBERLY A. BLANKENSHIP, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2716 ST. JOHNS AVE.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State FL

Zip Code 32205

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]

Date 12-27-02

REGISTERED AGENT MUST SIGN

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
MGR	FREDERICK M. WILKINSON	9440 PHILIPS HIGHWAY, SUITE 1	JACKSONVILLE FL 32256
MGR	DEBORAH R. WILKINSON	9440 PHILIPS HIGHWAY, SUITE 1	JACKSONVILLE FL 32256

REINSTATEMENT 2002

AL

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

[Signature]

Date 12/30/02

Daytime Phone # 904-292-1212

Typed or printed name of signing Managing Member/Manager FREDERICK M. WILKINSON, MANAGER

CR2E041 (9/01)