

PLEASE READ INSTRUCTIONS BEFORE FILING THIS FORM.

APPLICANT FOR REINSTATEMENT
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000020332
Name and Mailing Address

0008911 01 FP 0.352 **PRSR H9 0 0615 32034-652040
THE FURMAN CLARK COMPANIES, L.L.C.
740 OCEAN CLUB PLACE
AMELIA ISLAND FL 32034-6520



2. New Mailing Address P.O. Box 15878 City, State, Zip FERNANDINA BEACH FL. 32034		4. State/Country of Formation FL	
Principal Place of Business 740 OCEAN CLUB PLACE AMELIA ISLAND FL 32035		5. Date Organized or Qualified To Do Business in Florida 11/27/2001	
3. New Principal Place of Business Address 325 POGY PL. City, State, Zip FERNANDINA BEACH FL. 32034		6. FEI Number 59-3752159 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CLARK, FURMAN O JR. 740 OCEAN CLUB PLACE AMELIA ISLAND FL 32035		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 2002 City FL Zip Code	
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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: *Furman O. Clark Jr.* Date: 10-25-02
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
MGR	CLARK, FURMAN O JR.	740 OCEAN CLUB PLACE	AMELIA ISLAND FL 32035
			100008666071 10/29/02--01069--013 **150.00
			10/30 <i>[Signature]</i>

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: *Furman O. Clark Jr.* Date: 10-25-02 Daytime Phone: (904) 277-1177

CR2E084 (8/02)