

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
L01000020391
ORIGINAL DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020391

1. Limited Liability Company's Name

Jacksonville Container LLC
6800 Suemac Place
Jacksonville, FL 32254

2. Principal Office Address

7800 Belfort Pkwy

Suite, Apt. #, etc.

165

City & State

Jacksonville FL

Zip

32256

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3761028

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

Thames, Richard R.

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

121 West Forsyth Street, Suite 600

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date

11/20/02

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
	McCormick, Charles W. Jr.	1205 Pembroke Road	Jacksonville, FL 32259

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

OWN/Manager

Date 10-28-02

Daytime Phone (904) 281-0080

Typed or printed name of signing Managing Member/Manager CHARLES W. MCCORMICK JR.

CR2E041 (9/01)