

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000021281

APPLICATION FOR REINSTATEMENT

FOR A DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV - 8 AM '02

21281

1. DOCUMENT # L01000021281
Name and Mailing Address

0009302 01 FP 0.352 **PRSRT H1 0 0615 32223-723017

ADMIRAL HOMES, L.L.C.
11217 SAN JOSE BLVD.,
JACKSONVILLE FL 32223-7230

100008886271
11/08/02--01044--003 **150.00

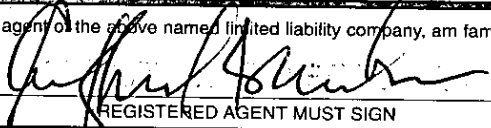


REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 11217 SAN JOSE BLVD., JACKSONVILLE FL 32223		5. Date Organized or Qualified To Do Business in Florida 12/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3759904 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 NEWTON, CLIFFORD B 10192 SAN JOSE BLVD. JACKSONVILLE FL 32257		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  Date 11/6/02

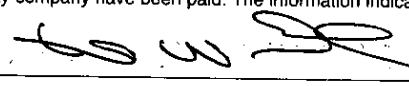
REGISTERED AGENT MUST SIGN

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
P	ARNOLD, CHARLES W III	11217 SAN JOSE BLVD.,	JACKSONVILLE FL 32223
VP	HINSON, DAVID L	11217 SAN JOSE BLVD.,	JACKSONVILLE FL 32223
VP	SKAFF, DANA R.	11217 SAN JOSE BLVD.	JACKSONVILLE, FL 32223
ST	JOHNSON, SUSAN	11217 SAN JOSE BLVD.,	JACKSONVILLE FL 32223

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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  Date 11-01-02 Daytime Phone # 904-880-0464

Typed or printed name of signing Managing Member/Manager CHARLES W. ARNOLD III

CR2E084 (8/02)