


May. 9. 2005 7:49AM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center;">05 JUL -5 AM 8:59</div> <div style="text-align: center;">600057098986 07/06/05--01060--009 **150.00</div> <div style="text-align: center;">600057098986 07/06/05--01060--008 **100.00</div>	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # <u>L01000022100</u></div><div></div></div>					
1. Limited Liability Company's Name  <b>LITTLE TERRAPIN, LLC</b>					
2. Principal Office Address <b>50 N. LAURA ST</b>		3. Mailing Office Address			
Suite, Apt. #, etc. <b>2800</b>		Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b>		City & State			
Zip <b>32202</b>	Country <b>USA</b>	Zip	Country	4. State/Country of Formation	
				5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number	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					
Name <b>THOMAS E. GIBBS</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>50 N. LAURA ST</b>					
Suite, Apt. #, Etc. <b>2800</b>					
City <b>JACKSONVILLE</b>				State <b>FL</b>	Zip Code <b>32202</b>
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 <u><i>KE Hill</i></u> Date <u>5/5/05</u>					
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	
<b>MGR</b>	<b>THOMAS E. GIBBS</b>	<b>50 N. LAURA ST</b>		<b>JACKSONVILLE, FL 32202</b>	
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 509.406, 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 <u><i>KE Hill</i></u> Date <u>5/5/05</u> Daytime Phone <u>(904) 355-9646</u>					
Typed or printed name of signing Managing Member/Manager					

CR25M1 (5/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 17, 2005

LITTLE TERRAPIN, L.L.C.  
50 N. LAURA STREET  
SUITE 2800  
JACKSONVILLE, FL 32202

SUBJECT: LITTLE TERRAPIN, L.L.C.  
Ref. Number: L01000022100

We have received your document for LITTLE TERRAPIN, L.L.C. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 2003 through 2005; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$250.00.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 005A00041869

*Handwritten initials: HAO*

*Handwritten signature: ✓ done*