

LO2000004683

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000004683					
1. Limited Liability Company's Name NH-JAX, L.L.C.					
2. Principal Office Address 8595 Beach Blvd.		3. Mailing Office Address		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida February 27, 2002	
City & State Jacksonville, Florida		City & State		6. FEI Number 75-3010451	
Zip 32216	Country USA	Zip	Country	Applied For ☒ Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee per Form Per a Civil Code of Statute	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
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>Cornelia Ruyon</u> <u>Special Agent</u> Date <u>10/31/03</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MEMBER	William Mars	1899 Manor Oak Lane		Buford, GA 30519	
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 608.408, 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>William Mars</u> Date <u>10/30/03</u> Daytime Phone <u>(678) 248-4048</u>					
Typed or printed name of signing Managing Member/Manager <u>William Mars</u>					

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

NH-JAX, L.L.C.

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