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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L02000011855

Name and Mailing Address

0001561 01 AT 0.292 **AUTO T8 0 0615 32204-112799

LAVILLA DEVELOPMENT CORPORATION, L.L.C.
425 NORTH LEE ST.
JACKSONVILLE FL 32204-1127

200025265052
12/03/03--01003--011 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/09/2002	
Principal Place of Business 425 NORTH LEE ST. JACKSONVILLE FL 32202	3. New Principal Place of Business Address		6. FEI Number 54-2132730
	City, State, Zip		Applied For Not Applicable
8. Name and Address of Current Registered Agent ALTES, MICHAEL A 4219 LEXINGTON AVE. JACKSONVILLE FL 32210		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date 12/30/03 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
MGRM	ALTES, MICHAEL A	4219 LEXINGTON AVE.	JACKSONVILLE FL 32210

REINSTATEMENT

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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 [Signature] **SIGNATURE REQUIRED**

Date 12/30/03 Daytime Phone # (904) 389-9883