

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gerald R. Horne
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

04 APR 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020306

Name and Mailing Address

0002116 01 AT 0.292 **AUTO TO 0 0615 32308-442109

ST. JAMES ISLAND REALTY COMPANY, LLC
1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-4421

REINSTATEMENT



2. New Mailing Address

City, State, Zip

Principal Place of Business

1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/08/2002

6. FEI Number

☒ 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

POPE, BERT S
1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

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

SIGNATURE REQUIRED

Date 4-27-04

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	POPE, BERT S	1909 CAPITAL CIRCLE NE	TALLAHASSEE FL 32308

503139914482
05/10/04 01089 007 \$50.00

100035824171
05/10/04 01089 007 \$50.00

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 REQUIRED

Date 4-27-04

Daytime Phone # 850-933-2378

Typed or printed name of signing Managing Member/Manager

Bert S. Pope

CR2E014 (7/03)