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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000023855

1. Limited Liability Company's Name
EAGLE 834 LLC

REINSTATEMENT 2003-2005

2. Principal Office Address	3. Mailing Office Address
12620-3 BEACH BLVD	12620-3 BEACH BLVD
Suite, Apt. #, etc.: STE 319	Suite, Apt. #, etc.: STE 319
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32246 Country:	Zip: 32246 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/13/2002

6. FEI Number: 61-1425225 ☐ 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

Name: A1A Registered Agent Inc.

Street Address (P.O. Box Number is Not Acceptable): 92 Sadberry Road

Suite, Apt. #, Etc.:

City: Quincy State: FL Zip Code: 32351

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: Carl Smith for Carl Smith V.P. Date: 3-01-05

REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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
MGRM	JIM HEFFERNAN	3751 PLANTERS CREEK CIR. W.	JACKSONVILLE FL 32224
MGRM	CHERYL ANDERSON	3751 PLANTERS CREEK CIR. W.	JACKSONVILLE FL 32224
MGRM	LYNN KNOWLES	1985 LOGGING LANE	JACKSONVILLE FL 32221

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 608.508, 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] Date: 2-22-05 Daytime Phone #: 904 891 2856

Typed or printed name of signing Managing Member/Manager:

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DATE: 02-22-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: EAGLE 834 LLC
JIM HEFFERNAN

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 904 891 2856

THANKS,

EAGLE 834 LLC
JIM HEFFERNAN, MGRM

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Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

LIMITED LIABILITY REINSTATEMENT

EAGLE 834 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$250.00~~ $150.00

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