	LIABILITY OF ATEMENT	,	A DEPARTMENT OF STATE Katherine Harris Secretary of State ON OF CORPORATIONS	284	7	7	**************************************	/
DOCUMENT # L02000028477 1. Limited Liability Company's Name: J. Wesley Bailey, P.L.				MY		3 AH 8: 4	ie.	
2. Principal Office Address 3300 Coquina Key Drive SE		3. Mailing Office Address		4. State/Country of Formation Florida				
Suite, Apt, #, etc. City & State		Suite, Apt, #, etc. City & State		5. Date Organized or Qualified To Do Business in Florida 10/24/2002 6. FEI Number Applied For				
St. Petersbur Zip 33705		Zip	County	11-3659378 7.			Not Applicable \$5.00 Additional Fee required for a Certificate of Status	
Su Ci M	iami Beach ointed the registered agent o	f the above named	limited liability company, am fa		State FL	· alaa		
	and Street Addresses of	Ų————	ED AGENT MUST SIGN ers/Managers		:		·	
Titles Name of Managing Members/Managers MBR/MGR J. Wesley Bailey		Managing Me	Street Address of Each Managing Member/Manager 3300 Coquina Key Drive SE		City / State / Zip St. Petersburg FL 33705			
certify t	hat when filing this reinstate	er/manager or the r	receiver or trustee empowered relimited liability company has	eliminated, the limited I	iability com	pany name sat	isfies the requirem	sents
Signature of Managing Me	e, and my signature shall have mber/Manager	Member/Manager	Date 10/22 T. Wesley Bailey, MBR/MC	2003 ;	Daytime		7-347-1930 ext	

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L02000028477

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: J. Wesley Bailey, P.L.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 50.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:

by T. Baez as attorney-in-fact

Name: J. Wesley Bailey

Title: Manager

Date: 15/22/03