2007-LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						_				
1. Entity Name	9	# L020000286 VELOPMENT, LLC	551			17.13	ECHT 21. Sil 7 DEC 14 - F	. (] 기원 9# 3: 22		
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Principal Place 1732 MARGA JACKSONVILE	RET ST		Mailing Address % GATEWAY SHOPPING CENTER 5258-12 NORWOOD AVE JACKSONVILLE, FL 32208				11	867 11 11 167 18 37 18		I) (1) (7 ()
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11142007	REIN-LLC	CR2E101 (1		
City & State			City & State			4. FEI Numbe 11-3668			Not .	lied For Applicable
Zip	Zip Country		Zip Country		try	5. Certificate	of Status Desired	□ \$5.00 Fee Re	O Additi equired	ional
***************************************	and Address of Current R	egistered Agent		Nome	7. Name and Address of New Registered Agent					
RAX CO.					, Name					
50 NORTH LAURA STREET STE. 3300 JACKSONVILLE, FL 32202			Street Address (P.O. Box Numbe	r is Not Acceptable	·) 			
		11		City		FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									nd accept	
SIGNATURE _	Signatul, typed	or printed name of registered agent an	nd title if applicable (NOTE	E: Register	ed Agent signature requir	red when reinstating)		- 15 - 0 r	1	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00								e check payable Department of		
			I]				
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR		AS/MANAGERS Delete	TITU				<u></u> □ 0	•	Addition
	JONES, C 1732 MAR	MANAGING MEMBER CARLTON D RGARET ST NVILLE, FL 32204		TITU NAM STRE			ADDITIONS/ DD112 0./070101	<u></u> □ 0	•	
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