

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**L02000030986**  
FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATION

FILED  
03 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030986

Name and Mailing Address

0001368 01 AT 0.292 \*\*AUTO T7 2 0615 32131-436302

MOLO PROPERTIES I, L.L.C.  
102 COMMERCIAL AVE.  
EAST PALATKA FL 32131-4363



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 102 COMMERCIAL AVE. EAST PALATKA FL 32131		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 11/19/2002
		6. FEI Number 11-3669927	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE FL 32256		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10-20-03  
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
MGR	O'CARROLL, MAURICE	102 COMMERCIAL AVE.	EAST PALATKA FL 32131
MGR	O'CARROLL, LINDA	102 COMMERCIAL AVE.	EAST PALATKA FL 32131
			000023985920 10/21/03--01139--012 **150.00
			<b>REINSTATEMENT</b> <u>03</u> dca

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 10-17-03 Daytime Phone # 904-692-2314  
Typed or printed name of signing Managing Member/Manager LINDA O'CARROLL

CR2E084 (7/03)