

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031024

Name and Mailing Address

0001366 01 AT 0.292 **AUTO T7 2 0615 32131-436302



MOLO PROPERTIES II, LLC
102 COMMERCIAL AVE.
EAST PALATKA FL 32131-4363



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/19/2002	
Principal Place of Business 102 COMMERCIAL AVE. EAST PALATKA FL 32131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 11-3669927	Applied For Not Applicable
8. Name and Address of Current Registered Agent WATSON, TODD ESQ 7785 BAYMEADOWS WAY, STE. 107 JACKSONVILLE FL 32256		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		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 for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		DATE 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
400023985984 10/21/03--01139--013 **150.00			
REINSTATEMENT			
03 dec			

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 10-17-03 Daytime Phone # 904-692-2314

Typed or printed name of signing Managing Member/Manager LINDA O'CARROLL

CR2E034 (7/03)