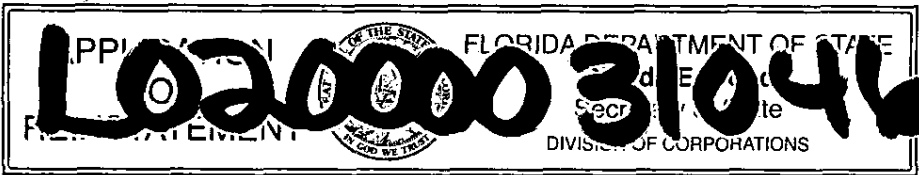


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031046

Name and Mailing Address

0001367 01 AT 0.292 \*\*AUTO T7 2 0615 32131-436302

MOLO PROPERTIES IV, LLC  
102 COMMERCIAL AVENUE  
EAST PALATKA FL 32131-4363



|   |  |  |  |
|---|--|--|--|
| 2. New Mailing Address<br>City, State, Zip                                    |  | 4. State/Country of Formation<br>FL  |  |
| Principal Place of Business<br>102 COMMERCIAL AVENUE<br>EAST PALATKA FL 32131 |  | 3. New Principal Place of Business Address<br>City, State, Zip   | 5. Date Organized or Qualified To Do Business in Florida<br>11/19/2002 |
|   |  | 6. FEI Number<br>11-366927   | Applied For<br>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<br>WATSON, TODD<br>7785 BAYMEADOWS WAY, SUITE 107<br>JACKSONVILLE FL 32256 | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

10. 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: *[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 AVENUE                          | EAST PALATKA FL 32131                         |
| MGR  | O'CARROLL, LINDA                  | 102 COMMERCIAL AVENUE                          | EAST PALATKA FL 32131                         |
|  |                                   |  | 600023986046<br>10/21/03--01139--015 **150.00 |
|  |                                   |  | <b>REINSTATEMENT</b> <u>03</u><br>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]* **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)