

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 9:32

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035076

Name and Mailing Address

0001924 01 AT 0.292 \*\*AUTO H9 1 0615 32257-610101



HUTCHINSON & LINEBERRY, P.L.  
5100 SUNBEAM RD, STE. ONE  
JACKSONVILLE FL 32257-6101



2. New Mailing Address

City, State, Zip

Principal Place of Business  
5100 SUNBEAM RD, STE. ONE  
JACKSONVILLE FL 32257

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 12/30/2002

6. FEI Number

14-1864579

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

HUTCHINSON, M. FOREST III  
5100 SUNBEAM RD, STE. ONE  
JACKSONVILLE FL 32257

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 of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*M. Forest Hutchinson III*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/17/03

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

MEM Gregory W. Lineberry 5100 Sunbeam Rd., Suite 1 Jacksonville, FL 32257

MEM M. Forest Hutchinson III 5100 Sunbeam Rd., Suite 1 Jacksonville, FL 32257

600024816816

11/19/03--01003--013 \*\*155.00

REINSTATEMENT

2003

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

*M. Forest Hutchinson III*

Date 11/17/03

Daytime Phone #

904880-8770

Typed or printed name of signing Managing Member/Manager

M. Forest Hutchinson III

CR2E084 (7/03)