

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016388	
1. Entity Name HERITAGE LAND CONSULTING, L.L.C.	
Principal Place of Business PMB NO. 4, 11101-1 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257	Mailing Address PMB NO. 4, 11101-1 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257



FILED
2004 OCT -7 PM 12:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business 4580 Julington Creek Rd		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32258	Country USA	Zip	Country

10062004 REIN-LLC CR2E101 (6/04)

4. FEI Number 13-4251445		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEAL, BLAKE F III 135 PROFESSIONAL DRIVE, SUITE 101 BARTLETT & DEAL, P.A. PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Rene Dostie Street Address (P.O. Box Number is Not Acceptable) 4580 Julington Creek Rd City Jacksonville FL Zip Code 32258	
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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.

SIGNATURE Rene Dostie Managing Member 10/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Delete Amy L Hillyer PMB 4, 11101-1 St. Augustine Rd Jacksonville FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rene Dostie 4580 Julington Creek Rd Jacksonville FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041666802 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/07/04--01019--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rene Dostie 10/6/04 904 880 6441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #