H150000309043

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 FEB -6 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L03000030364

1. Limited Liability Company's Name
LINING 5439 BLANDING, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
890 Seminole Road	890 Seminole Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlantic Beach, FL	City & State: Atlantic Beach, FL
Zip: 32233 Country: USA	Zip: 32233 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/13/2003

6. FEI Number: ☐ 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

Name: JOHN H. LINING

Street Address (P.O. Box Number is Not Acceptable): 890 Seminole Road

Suite, Apt. #, Etc.:

City: Atlantic Beach State: FL Zip Code: 32233

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: John H Lining REGISTERED AGENT MUST SIGN Date: 2/5/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	John H. Lining	890 Seminole Road	Atlantic Beach, FL 32233

11. E-mail Address: John.Lining@colliers.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: John H Lining Date: 2/5/15 Daytime Phone #: (904) 861-1121

Typed or printed name of signing Authorized Representative/Manager: John H. Lining, Authorized Representative

Lining 5439 Blanding, LLC
John H. Lining, Manager
890 Seminole Road
Atlantic Beach, FL 32233

February 5th, 2015

Florida Department of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Name Release Letter
LINING 5439 BLANDING, LLC, Document Number L12000044366

To Whom It May Concern,

We have no intention of reinstating LINING 5439 BLANDING, LLC, Document Number L12000044366. We would like the name to be released and used with the reinstatement of LINING 5439 BLANDING, LLC, Document Number L03000030364.

Thank you,

LINING 5439 BLANDING, LLC
By: John H. Lining, Manager

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LINING 5439 BLANDING, LLC

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