01/17/05 MON 10:11 FAX 904 394 5396 1082 002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000035159

1. Entity Name
TREE-MENDOUS OF NORTH FLORIDA, LLC

Principal Place of Business	Mailing Address
7673 US 1 SOUTH ST AUGUSTINE, FL 32086	7673 US 1 SOUTH ST AUGUSTINE, FL 32086

01102005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
	800 Lomax Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 109
City & State	City & State Jacksonville
Zip / Country	Zip 32204 / Country USA

4. FEI Number 56-2394942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, BOND & LATSHAW, P.A. 3010 S. THIRD ST. JACKSONVILLE BEACH, FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CARROLL R 800 LOMAX ST., STE. 109 JACKSONVILLE, FL 32204	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CYNTHIA 800 LOMAX ST., STE 109 JACKSONVILLE, FL 32204	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATED 04-05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Cynthia J Turner 1/12/2005 904-794-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PATTERSON, BOND & LATSHAW, P.A.
Account Number : I20000000140
Phone : (904)247-1770
Fax Number : (904)394-5396

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LIMITED LIABILITY REINSTATEMENT

TREE-MENDOUS OF NORTH FLORIDA, LLC

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