

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 03000042486

1. Limited Liability Company's Name

TLC OF JACKSONVILLE, LLC

2. Principal Office Address

2670 PHYLLIS STREET, B

Suite, Apt. #, etc.

Suite B

City & State

JACKSONVILLE FL

Zip

32204

Country

USA

3. Mailing Office Address

P O BOX 60905

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32206-0905

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/31/03

6. FEI Number

20-0309909

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

Tracy Redding

Street Address (P.O. Box Number is Not Acceptable)

2670 Phyllis Street

Suite, Apt. #, Etc.

Suite B

City

Jacksonville

State

FL

Zip Code

32204

9. 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

Tracy Redding

Date 3-2-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Tracy Redding</u>	<u>2670 Phyllis Street</u>	<u>Jacksonville FL 32204</u>
<u>MEM</u>	<u>Clifford Redding</u>	<u>2670 Phyllis Street</u>	<u>JACKSONVILLE FL 32204</u>

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11. 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

Tracy Redding

Date 3-2-05

Daytime Phone (904) 381-1937

Typed or printed name of signing Managing Member/Manager

Tracy Redding

REINSTATEMENT

04-05
TM

CR2041 (10/02)

3-2-05

I did not receive the AR information for
the year 2004.

Nancy Redding
LLC of Jacksonville, FL
LO30000 + 2486