PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	See	cretary	MENT OF STATE of State RPORATIONS		07 SEP -6 AM IO: 59	
DOCUMENT # L0400000763 1. Limited Liebility Company's Name					SECRE IAA 1 5 STATE TALLAHASSEE, FLORIDA	
Inman Building, L.L.C.				,	200109294932 09/11/0701018009 **250.00 082644 (1887)	
2065 Herschel Street	 .	Herschel Street		f Since	ntry of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		rtc.		5. Date Organized or Chariffed 1/06/2004 To Do Business in Florida 01/06/2004		
Jacksonville, FL Jacks		sonville, FL		6. FEI Numb		
32204 ÜSA	32204	į	ÜŜA	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Rudolph J. Inman, Jr. 2065 Herschell Street Subs, Apr. 4, Etc. Jacksonville			A \$100 reinstatement fee is imposed in circumstances which the entity receive the prior notices. By check box, you are certifying the prior notice.		sumstances which the entity did not e the prior notices. By checking this ou are certifying the prior notices were accived and requesting the \$100	
9. 1, 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 RECRETERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managers Managers		Street Address of Each Managing Member/Manager			City / State / Zip	
MGR Rudolph J. Inman, Jr.		2065 Herschel Street		Street	Jacksonville, FL 32204	
					SNT.	
	REINSTA			rem)	2005-2007	
					,	
11. I callify 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 Bability 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 eath.						
Signature of Managing Member/Manager Date 24 Aug 07 Daytime Phone # 904 614 7973						
Typed or printed name of signing Managing Member/Manager Rudolph T. Ivmcw/(s						