

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000015919

1. Limited Liability Company's Name

Jacksonville Realty Partners, LLC

2. Principal Office Address - No P.O. Box #

8730 Georgia Ave.

Suite, Apt. #, etc.

Suite 500

City & State

Silver Spring, Maryland

Zip

20910

Country

USA

3. Mailing Office Address

8730 Georgia Avenue

Suite, Apt. #, etc.

Suite 500

City & State

Silver Spring, Maryland

Zip

20910

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2-27-04

6. FEI Number

412128056

☐ 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

Brittany J. Tavar

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

161 South Beach Drive

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Brittany J. Tavar
REGISTERED AGENT MUST SIGN

Date **6-17-2010**

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
MGR	Andrew R. Bellamah	8730 Georgia Ave. Ste. 500	Silver Spring, MD 20910
			S. HAWKES
			JUL 6 2010
			EXAMINER

11. E-mail Address: **ab@bnc.com**

(To be used for future annual report notifications)

12. 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

Andrew R. Bellamah

Date

6-8-10

Daytime Phone #

301-562-7300-207

Typed or printed name of signing Managing Member/Manager **Andrew R. Bellamah**