FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUL 16 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000031786

1. Limited Liability Company's Name
7595 CENTURION PARKWAY LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10739 DEERWOOD PARK BLVD.	10739 DEERWOOD PARK BLVD.
Suite, Apt. #, etc.: # 103	Suite, Apt. #, etc.: # 103
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32256 Country: US	Zip: 32256 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/26/2004

6. FEI Number: 20-1127306 ☐ 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: RAX CO

Street Address (P.O. Box Number is Not Acceptable): 50 N. LAURA STREET

Suite, Apt. #, Etc.: # 3300

City: JACKSONVILLE State: FL Zip Code: 32202

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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: RAX CO. By: S R Henderson, Its Vice President Date: 7-13-10

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
MGR	LADSON F. MONTGOMERY		

REINSTATEMENT 07-10 DB

11. E-mail Address: fgibson@prodevelopments.net (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 608.408, 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: [signature] Date: 7/13/10 Daytime Phone #: 904 399-5222

Typed or printed name of signing Managing Member/Manager