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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000064579

700080889377

CR2E041 (8/05)

1. Limited Liability Company's Name
110 AVON LLC

2. Principal Office Address	3. Mailing Office Address
11662 Thornapple Drive	11662 Thornapple Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32223 County: United States	Zip: 32223 County: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/31/2004

6. FEI Number: 20-5596518 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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: Mary Paris Date: 10-10-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Allison Trager	11662 Thornapple Drive	Jacksonville, Florida 32223

REINSTATEMENT 2006

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 608.508, 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: Allison Trager Date: 10/9/06 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Allison Trager

L04000064579

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **10-10-06**

NAME: 110 AVON LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$150 + $30= $180**

RETURN: **CERTIFIED COPY**

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06 OCT 10 PM 1:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA0000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**
