


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:26

DOCUMENT # L05000005689 1. Entity Name CAPITAL DIMENSIONS, LLC			
Principal Place of Business 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210		Mailing Address 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210	
2. Principal Place of Business 2120 UNIVERSITY BLVD W Suite, Apt. #, etc.		3. Mailing Address 2120 UNIVERSITY BLVD. W Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA Zip 32217 Country DUVAL		City & State JACKSONVILLE, FLORIDA Zip 32217 Country DUVAL	
4. FEI Number 83-0427201		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name STEVEN L. HYERS Street Address (P.O. Box Number is Not Acceptable) 2120 UNIVERSITY BLVD. W City JACKSONVILLE FL Zip Code 32217	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Steven L. Hyers</i></u> DATE <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Steven L. Hyers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/23/06</u> Daytime Phone # <u>904-730-3877</u>	

[Handwritten initials]



04212006 REIN-LLC CR2E101 (11/05)

OWNER/MGRM
STEVEN L. HYERS
2120 UNIVERSITY BLVD W
JACKSONVILLE, FLORIDA 32217

REINSTATEMENT 05-06

200074664832
05/16/06--01029--026 **105.00