

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 AM 9:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000055850**

1. Limited Liability Company's Name

Pier Avenue Properties, LLC

2. Principal Office Address **132 E 4th St.**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip Country

Zip Country

32206

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

June 2005

6. FEI Number

20-2959087

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

William J. Holbrook

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

132 E. 4th St.

Suite, Apt. #, Etc.

800082792938

12/27/06--01030--004 **155.00

City

Jacksonville

State

FL

Zip Code

32206

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

M. J. Holbrook

Date

12/26/06

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	William J. Holbrook	See above	
MGR	Jennifer W. Holbrook	Same as above	

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 608.406, 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

M. J. Holbrook

Date

12/26/06

Daytime Phone #

(904) 360-2542

Typed or printed name of signing Managing Member/Manager

William J. Holbrook