PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP -3 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000075374

1. Limited Liability Company's Name

GREENBRIAR, LLC

400135305024
09/03/08--01033--001 **541.25

CR2E041 (12/07)

2. Principal Office Address - Not P.O. Box

1801 Art Museum Drive

Street Apt # etc

Jacksonville, Florida

City & State

32207 USA

Zip Country

3. Mailing Office Address

1801 Art Museum Drive

Street Apt # etc

Jacksonville, Florida

City & State

32207 USA

Zip Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
August 1, 2005

6. FEI Number
☐ 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
Fowler White Boggs Banker, P.A., Attn: Thomas E. Gibbs

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

Suite, Apt. #, Etc
Suite 2200

City
Jacksonville

State
FL

Zip Code
32202

☑ A $100 reinstatement fee is imposed except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived

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: T. E. Gibbs
REGISTERED AGENT MUST SIGN

Date August 26, 2008

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 |
|---|---|---|---|
| MGRM | John D. Baker, II | 1801 Art Museum Drive | Jacksonville, FL 32207 |

REINSTATEMENT
08-08

11. I certify that I am a managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. 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: John D. Baker, II

Date 8/1/2008

Daytime Phone # 904-571-5550

Typed or printed name of signee: John D. Baker, II