PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY |
|-------------------|
| COMPANY |
| REINSTATEMENT |



Typed or printed name of signing Managing Member/Manager DONALD E. SEAWARD

FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

06 DEC -5 AM 8: 57

DOCUMENT #L05000085546

1. Limited Liability Company's Name

| PEININ | ANT LAND, LLC. | | | | | | | | | |
|---|--|---------------------|------------------------|----------------------|---|------------------------|-------------------------------------|-------------------|--|----------|
| 2. Principal Office Address 3. Mailing Office Address | | | | | | CR2E041 (8/05) | | | | |
| 3740 CATTAIL DR. S | | | | | 4. State/Country of Formation | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5 Date Organized or Qualified | | | | | |
| City & State | | City & State | | | To Do Business in Florida 08–30–05 | | | | | |
| | | JACKSONVILLE, FL | | | 6. FEI Number Applied For ✓ Not Applicable | | | | | |
| 3222 | 23 USA | 32223 | 3 | USA | | 7. CERTIFICATE | OF STATE | JS DESIRED. | \$5.00 Additional F for a Certificate | |
| 8. Name and Address of Current Registered Agent | | | | | | | | | | |
| JÄMES T. MURPHY, ESQ., KELLY B. MATHIS, P.A. | | | | | | | | | | |
| | 50° N. LAURA STREET | | | | | | | | | |
| · SULTE 1700 | | | | | | | | | | |
| | J'ACKSONVILLE | | | | | | State FL | 32205 | | |
| Signature of | 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 Date //28/06 | | | | | | | | | |
| 10 Name | RE | | ENT MUST | Γ SIGN | | | | - | | |
| Titles | es and Street Addresses of Managing Mem Name of Managing Members/Manage | | Street Address of Each | | | per City / State / Zip | | | State / Zip | |
| MGRM | DONALD E. SEAW | | | | | | JACKSONVILLE, FL 32223 | | | |
| BOWALD E. SEAWARD | | | | | | | 0082465523 10601017007 ***300.00 | | | |
| _ | | | | | • | | | | | - |
| | | • | | | | | | - | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | VISTAT | 副 | 刚。 | 506 | |
| | | | | | V sman | | | | The same of the sa | |
| filing the | fy that I am managing member/manager or his reinstatement application the reason for s owed by the limited liability company have nade under oath. | dissolution has | been elimin | nated, the limited I | liability compa | any name satisfie | s the requ | irements of secti | tion 608,406, F.S., a | and that |
| Signature of | 11/1.2 | // | / | | Date /// | 28/06 | Daytime P | hone # (904 |) 262-962 | 0 |