

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 FEB 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 500096875

1. Limited Liability Company's Name

NORTHEAST FLORIDA URBAN RENEWAL, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2867 Park Square Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina Beach

Zip

Country

Zip

Country

32034

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/03/2005

6. FEI Number

20-3559588

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

Eric Corbett

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

2867 Park Square Place

Suite, Apt. #, Etc.

City

State

Zip Code

Fernandina Beach

FL

32034

☐ 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

Eric T. Corbett

Date 02/09/2009

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	Eric Corbett	2867 Park Square Place	Fernandina Beach, Florida 32034
MGR	Art Sanchez	1410 Holly Drive	Fernandina Beach, Florida 32034

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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

Eric T. Corbett

Date 2/5/09

Daytime Phone # 904-206-4004

Typed or printed name of signing Managing Member/Manager Eric Corbett