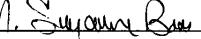
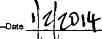
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  DOCUMENT #  1. Limited Liability Company's Name  3731 Hendricks Avenue, LLC				PALEED  14 JAN -S AND H  SECRETARY OF STATE ALLAHASSEE, FLORENCE	
2. Principal Office Address - No P.O. Box # 3731 Hendricks Ave. Suite, Apt. #, etc.  City & State  Jacksonville, FL  Zip  Country  32207  USA	3. Mailing Office Addre 721 Old Gro Suite, Apt. #, etc.  City & State Jacksonville Zip 32207	ve Manor	USA 5. Date Orga To Do Bus 6. FEI Numb 59-2418		
8. Name and Address of Current Registered Advance M. Suzanne Bass Street Address (P.O. Box Number is Not Acceptable) 721 Old Grove Manor Suite, Apt. #, Etc.  City Jacksonville  9. I, being appointed the registered agent of the above named limited lia Signature of		State Zip Code 32207	jaxmedial (To be	E-mail Address:  100255307411 01/06/1401032006 **243.75  jaxmediator@gmail.com  (To be used for future annual report notices)  ccept the obligations of Chapter 605, F.S.	
Registered Agent					
Name of Authorized Person  Mar M. Suzanne Bass  Frederick W. Parker		721 Old Grove N 721 Old Grove N		JAN 6 2014	
				M. WILLIAMS	

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature	of	
Authorized	Person	_





Daytime Phone # 904-655-7119

Typed or printed name of signing Authorized Person