

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 19 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000109994

1. Limited Liability Company's Name  
30 South Roscoe, LLC

600180885386  
05/14/10--01002--007 \*\*138.75

CR2E041 (11/09)

|  |                      |   |                      |
|--|----------------------|---|----------------------|
| 2. Principal Office Address - No P.O. Box #<br>30 Roscoe Blvd. N.<br>Suite, Apt. #, etc. |                      | 3. Mailing Office Address<br>239 Roscoe Blvd. N.<br>Suite, Apt. #, etc. |                      |
| City & State<br>Ponte Vedra Beach, FL  |                      | City & State<br>Ponte Vedra Beach, FL                                   |                      |
| Zip,<br>32082  | Country<br>St. Johns | Zip<br>32082  | Country<br>St. Johns |

|  |                               |
|--|-------------------------------|
| 4. State/Country of Formation<br>Florida   |                               |
| 5. Date Organized or Qualified To Do Business in Florida<br>11/14/2006   |                               |
| 6. FEI Number<br>20-3793283  | Applied For<br>Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                               |

**8. Name and Address of Current Registered Agent**

|  |             |                   |
|--|-------------|-------------------|
| Name<br>Frederick B. Henderson   |             |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>239 Roscoe Blvd. North |             |                   |
| Suite, Apt. #, Etc.  |             |                   |
| City<br>Ponte Vedra Beach  | State<br>FL | Zip Code<br>32082 |

☐ 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 Frederick B. Henderson Date February 22, 2010  
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          |
|--|---------------------------------------|--|-----------------------------|
| MGRM   | Frederic B. Henderson<br>Living Trust | 239 Roscoe Blvd. North                         | Ponte Vedra Beach, FL 32082 |
| L. SELLERS<br>MAY 21 2010<br>EXAMINER              |                                       |  |                             |
| 03/08/10-01083-019 \$655.00<br>REINSTATEMENT 06-10 |                                       |  |                             |

11. E-mail Address: \_\_\_\_\_ (To be used for future annual report notifications)

12. 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 Frederick B. Henderson Date 2/22/2010 Daytime Phone # \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager Frederic B. Henderson as Trustee of the Frederic B. Henderson Living Trust