

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000086835

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** GAINESVILLE DEVELOPMENT COMPANY LLC

**Current Principal Place of Business:**

2106 NW 4TH PLACE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13051  
GAINESVILLE, FL 32604

**New Mailing Address:**

2106 NW 4TH PLACE  
GAINESVILLE, FL 32603

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAWKINS, ALAN T  
2106 NW 4TH PLACE  
GAINESVILLE, FL 32603      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN T HAWKINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: HAWKINS, WILLIAM T SR.  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: HAWKINS, WILLIAM T JR.  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: HAWKINS, WILLIAM J  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: HAWKINS, MATTHEW P  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: HAWKINS, ALAN T  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN T HAWKINS

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date