

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 AM 11:10

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000116869

1. Limited Liability Company's Name

PSC REALTY OPTIONS, LLC

000139025310
12/30/08--01012--009 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2045 IVYLGAIL DRIVE EAST		3. Mailing Office Address 2045 IVYLGAIL DRIVE EAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32225	Country US	Zip 32225	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/06/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 RALEIGH M WILCOX			
Street Address (P.O. Box Number is Not Acceptable) 13500 SUTTON PARK DR S			
Suite, Apt. #, Etc. 703			
City JACKSONVILLE, FL	State FL	Zip Code 32224	

☒ 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 Raleigh M Wilcox
REGISTERED AGENT MUST SIGN

Date 12/09/2008

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	PENNIE S COBB	2045 IVYLGAIL DRIVE EAST	JACKSONVILLE, FL 32225
MGR	WILLIAM M COBB JR	2045 IVYLGAIL DRIVE EAST	JACKSONVILLE, FL 32225

277.50

000139025310
12/15/08--01060--022 **138.75

REINSTATEMENT 2009-08 Len

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 Pennie S Cobb Date 12/09/2008 Daytime Phone # (904) 424-4400

Typed or printed name of signing Managing Member/Manager PENNIE S. COBB