

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 11 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000109278

1. Limited Liability Company's Name

1536 Flagler Development, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 4849 Lakeshore Drive West		3. Mailing Office Address P.O. Box 8069	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Fleming Island, FL	
Zip 32003	Country USA	Zip 32006	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 10/29/2007	
6. FEI Number 26-1353659	<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 **Hunt, Steven R.**

Street Address (P.O. Box Number is Not Acceptable)
4849 Lakeshore Drive West

Suite, Apt. #, Etc.

City **Orange Park** State **FL** Zip Code **32003**

700185759137
09/22/10--01041--011 **377.50

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 *Steven R. Hunt* Date **09-17-2010**

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	Flagler Development Group of Jacksonville, LLC	P.O. Box 8069	Fleming Island, FL 32006-8069

REINSTATEMENT
2009-10

S. HAWKES
S. HAWKES
EXAMINER
EXAMINER

OCT 11 2010

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 *Steven R. Hunt* Date **09-17-2010** Daytime Phone # **904-269-6242**

Typed or printed name of signing Managing Member/Manager **Steven R. Hunt**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2010

1536 FLAGLER DEVELOPMENT, LLC
PO BOX 8069
FLEMING ISLAND, FL 32006

SUBJECT: 1536 FLAGLER DEVELOPMENT, LLC
Ref. Number: L07000109278

We have received your document for 1536 FLAGLER DEVELOPMENT, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 310A00022742