

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 21 AM 10:18

DOCUMENT # L07000109281

1. Limited Liability Company's Name

1544 Flagler Development, LLC

600185669546
09/20/10--01055--003 **377.50

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 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	

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 _____ 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, 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**