

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 AUG 31 PM 4:15

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

700184914007
08/31/10--01037--002 **382.50
CR2E041 (05/10)

DOCUMENT # L08-24380

1. Limited Liability Company's Name

St. Augustine Parish Land, LLC

2. Principal Office Address - No P.O. Box #
1738 W. University Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32603

Country

U.S.

3. Mailing Office Address

11625 Old St. Augustine Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32258

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/07/2008

6. FEI Number

59-1235145

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Dennis E. Guidi

Street Address (P.O. Box Number is Not Acceptable)

1837 Hendricks Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207 U.S.

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

Dennis E. Guidi
REGISTERED AGENT MUST SIGN

Date August 23, 2010

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
Mgr	Rev. Michael P. Morgan	11625 Old St. Augustine Road	Jacksonville, FL 32258 U.S.
Mgr	Rev. David Ruchinski	1738 W. University Avenue	Gainesville, FL 32603 U.S.

REINSTATEMENT

09/10 *SK*

11. E-mail Address: jpinson@dosaf1.com

(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

Michael P. Morgan

Date

25 AUG 2010

Daytime Phone #

(904) 262-3200

Typed or printed name of signing Managing Member/Manager Rev. Michael P. Morgan