

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 FEB 13 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L08000051338

1. Limited Liability Company's Name
9069 San Jose, LLC

2. Principal Office Address - No P.O. Box # <u>2900 Hartley Road</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2900 Hartley Road</u> Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL 32257</u>		City & State <u>Jacksonville, FL 32257</u>	
Zip	Country	Zip	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
May 22, 2008

6. FEI Number
26-2719713

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
Allison Korman Shelton

Street Address (P.O. Box Number is Not Acceptable)
2900 Hartley Road

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32257

300256739863
02/14/14--01002--010 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Allison Korman Shelton

Date 2/15/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Allison Korman Shelton	2900 Hartley Road	Jacksonville, FL 32257

REINSTATEMENT

RLH

11. E-mail Address: akorman@stellar.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Allison Korman Shelton

Date 2-13-2014

Daytime Phone # 904-899-9818

Typed or printed name of signing Authorized Representative/Manager Allison Korman Shelton