

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000115152

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** NEVER GIVE UP OF FLAGLER, LLC

**Current Principal Place of Business:**

7701 TIMBERLAND PARK BLVD., #611  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7701 TIMBERLIN PARK BLVD.,  
UNIT # 611  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7701 TIMBERLAND PARK BLVD., #611  
JACKSONVILLE, FL 32256

**New Mailing Address:**

P.O.BOX 23622  
JACKSONVILLE, FL 32241

**FEI Number:** 30-0637721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REED, CHARLES M JR.  
7701 TIMBERLAND PARK BLVD., #611  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

REED, CHARLES M JR.  
7701 TIMBERLIN PARK BLVD.,  
UNIT # 611  
JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES M. REED, JR.

09/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REED, CHARLES M JR.  
Address: 7701 TIMBERLIN PK. BLVD. UNIT # 611  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: REED, NORMA S  
Address: 7701 TIMBERLIN PK. BLVD. UNIT # 611  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM  
Name: REED, CHARLES M III  
Address: 7701 TIMBERLIN PK. BLVD. UNIT # 611  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES M. REED, JR.

MGR

09/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date