

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000411

1. Limited Liability Company's Name

WOODLAWN ROAD, LLC

2. Principal Office Address

279 ST. GEORGE ST.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

JOSEPH FINNEGAN

500004659115-7

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

279 ST. GEORGE ST.

10/30/01-01051-010

****150.00 ****150.00

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State
FL

Zip Code

32084

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

Joseph P. Finnegan

REGISTERED AGENT MUST SIGN

Date 10-17-01

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
MEM	JOSEPH FINNEGAN	279 ST. GEORGE ST.	ST. AUGUSTINE, FL 32084
MEM	MARGARET FINNEGAN	"	"
MEM	DERMUT KOEHANE	"	"
MEM	MICHAEL HEFFERON	"	"
MEM	CHARLES SMITH	"	"

11. 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

Joseph P. Finnegan

Date 10-17-01

Daytime Phone #

(904) 824-6068

Typed or printed name of signing Managing Member/Manager

JOSEPH FINNEGAN