


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
00 DEC -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002079

1. Limited Liability Company's Name
MERRITT ISLAND, LLC

REINSTATEMENT 99.2000

2. Principal Office Address <u>230 Parnell ST</u>		3. Mailing Office Address <u>4227 Pleasant Hill Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Bldg 11- STE 300</u>	
City & State <u>MERRITT ISLAND, FLA</u>		City & State <u>Duluth, Ga</u>	
Zip <u>32953</u>	Country <u>USA</u>	Zip <u>30096</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLA, USA</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>82-1757956</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Michael Posner
Street Address / P.O. Box / Mailing Address
Ward, Damon, Beverly, Title + Posner, P.A.
Suite, Apt. #, Etc.
4420 Beacon Cr., Suite 100
City
West Palm Beach

State FL 33407-3281

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. 11/27/00
Signature of Registered Agent [Signature] Date 9-15-00
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
<u>Mgr.</u>	<u>Charles E. Edwards</u>	<u>4227 Pleasant Hill Rd. Bldg 11 - STE 300</u>	<u>Duluth, GA 30096</u>

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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 [Signature] Date 9-15-2000 Daytime Phone # 678-473-6200
Typed or printed name of signing Managing Member/Manager Charles E. Edwards.

\$200.00 fee 10/19/99 disclosed.

CR2E041 (9/99)