

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2000-2001

DOCUMENT # L99000001136

1. Limited Liability Company's Name

L.A. PROPERTIES OF JACKSONVILLE, L.C.

01 JAN 10 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-2001

2. Principal Office Address 6100 Kennerly Road Suite, Apt. #, etc.		3. Mailing Office Address 6100 Kennerly Road Suite, Apt. #, etc.		4. State/Country of Formation Duval, Florida	
City & State Jacksonville, Florida		City & State Jacksonville, Florida		5. Date Organized or Qualified To Do Business in Florida 2/26/99	
Zip 32216		Country Duval		6. FEI Number 59-3689665	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

## 8. Name and Address of Current Registered Agent

Name

Fady Bahri

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

6100 Kennerly Road

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code

32216

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

FADY BAHRI

REGISTERED AGENT MUST SIGN

Date

1-08-01

## 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
MGRM	Fady Bahri	6100 Kennerly Road	Jacksonville, FL 32216
			000003530550--7 -01/10/01--01004--003 ****155.00 ****155.00
			000003530550--7 01/16/01 01030 016 *****50.00 *****50.00

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

FADY BAHRI

Date

1-08-01

Daytime Phone # (904) 739-0050

Typed or printed name of signing Managing Member/Manager

FADY BAHRI

CR2ED41 (9/99)