

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 NOV -5 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT #

1. Limited Liability Company's Name

L99-2405
Edgerton/Filmore Investments
% John S. Edgerton

2. Principal Office Address

2215 River Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Jacksonville, FL

City & State

Zip *32204*

Country *USA*

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

April 28, 1999

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

John S. Edgerton

700004685407-4

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

2215 River Boulevard

11/16/01-01058-017

*****150.00 ****150.00*

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32204

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

John S. Edgerton

REGISTERED AGENT MUST SIGN

Date *10/16/01*

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
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<i>Pres.</i>	<i>John S. Edgerton</i>	<i>2215 River Boulevard</i>	<i>JAX, FL</i>
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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

John S. Edgerton

Date *10/16/01*

Daytime Phone# *904/389 5430*

Typed or printed name of signing Managing Member/Manager *John S. Edgerton*

CR2E041 (9/01)