

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30²² AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000002512

Name and Mailing Address

0001115 01 AT 0.292 **AUTO T6 2 0615 32065-772425



ADH PARK AVENUE INVESTMENTS, LLC
784 BLANDING BLVD
STE 100
ORANGE PARK FL 32065-7724



2. New Mailing Address		4. State/Country of Formation FL	
City: State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/03/1999	
Principal Place of Business 784 BLANDING BLVD STE 100 ORANGE PARK FL 32065	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3572587
		Applied For Not Applicable	
		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 WILLIAMS, GRADY H JR 1279 KINGSLEY AVENUE STE 117 ORANGE PARK FL 32073		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024267623 10/30/03--01012--007 **150.00 City FL Zip Code	
10. 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 <u>Grady H. Williams</u> REQUIRED Date <u>10-27-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ABSHIRE, KYLE D	784 BLANDING BLVD STE 100	ORANGE PARK FL 32065
12. 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 <u>[Signature]</u>		Date <u>10/22/03</u>	Daytime Phone # <u>9042641206</u>
Typed or printed name of signing Managing Member/Manager			