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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : TODD WATSON, ATTORNEY AT LAW
Account Number : I19990000260
Phone : (904)739-9747
Fax Number : (904)739-9748

LIMITED LIABILITY REINSTATEMENT

THE ESTUARIES LIMITED LIABLITY COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$155.00

L99-4509

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REGISTRATION — FLORIDA DEPARTMENT OF STATE

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TALLAHASSEE, FLORIDA

DOCUMENT # L99000004509

1. Limited Liability Company's Name

THE ESTUARIES LIMITED LIABILITY COMPANY

2. Principal Office Address	3. Mailing Office Address
5455 A1A South	5455 A1A South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 County: USA	Zip: 32084 County: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 7/20/99

6. FEI Number: 59-3593271 — Applied For / Not Applicable

7. Certificate of Status Ordered

8. Name and Address of Current Registered Agent

Name: Todd Watson, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable): 7785 Baymeadows Way,

Suite, Apt. #, etc.: Suite 107

City: Jacksonville — State: FL — Zip Code: 32256

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: Todd Watson — Date: 11/9/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Pace, William L.	5455 A1A South	St. Augustine, FL 32084
MGR	McLeod, Marlene B.	P.O. Box 270250	Tampa, FL 33688-0250

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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 this reinstatement application was mailed to the Department, the limited liability company name satisfied the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and complete, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: William L Pace — Date: 11/9/01 — Daytime Phone #: (904) 461-5732

Typed or printed name of signing Managing Member/Manager: