

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004536

1. Limited Liability Company's Name

JAXSON 7, LLC

400005677204--5

-06/04/02--01037--009

****255.00 ****255.00

2. Principal Office Address

6630 Southpoint Parkway

3. Mailing Office Address

6630 Southpoint Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

Zip

32166

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7-26-1999

6. FEI Number

59-3522052

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

Roger L. McClung

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

6630 Southpoint Parkway

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

REGISTERED AGENT MUST SIGN

Date May 21, 2002

AL

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	Gary Chartrand	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	Rod Crawford	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	Robert Hill	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	Roger L. McClung	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	Jack Parker	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	John Watkins	6630 Southpoint Parkway	Jacksonville, FL 32216
MGRM	Mark White	6630 Southpoint Parkway	Jacksonville, FL 32216

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 808.408, 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

Date 5/21/02

Daytime Phone# 904-296-4561

Typed or printed name of signing Managing Member/Manager Roger L. McClung

CREAT (2/01)