

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
SIGN

02 APR -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001-2002

DOCUMENT # L 99000006295

1. Limited Liability Company's Name 9766 OLD ST. AUGUSTINE
ROAD, L.L.C.

REINSTATEMENT 2001-2002

2. Principal Office Address 510 S. THIRD ST. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State SAME	
Zip 32250	Country DUVAL	Zip SAME	Country SAME

4. State/Country of Formation FLORIDA/DUVAL	
5. Date Organized or Qualified To Do Business in Florida 9/29/99	
6. FEI Number 59-3604033	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

Name: HOWARD J. SMITH

Street Address (P.O. Box Number is Not Acceptable): ONE SAN JOSE PLACE

Suite, Apt. #, Etc.: SUITE #31

City: JACKSONVILLE

State: FL Zip Code: 32257

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: *[Signature]* Date: 12/23/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MAN. MEM.	HANK WOODBURN	8034 PEBBLE CREEK LN W.	DONTR WOODS, FL 32082
MAN. MEM.	FRANKLIN DICKINSON	P.O. BOX 1107	GRAND PINE, FL 32067

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: *Hank Woodburn* Date: 12/15/01 Daytime Phone #: 904-246-4555

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)