

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

DOCUMENT # L 99000006295

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

REINSTATEMENT

2001-2002

2. Principal Office Address

3. Mailing Office Address

510 S. TRINITY ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

JACKSONVILLE, FL

SAME

Zip

Country

Zip

Country

32250

DUVAL

SAME

SAME

4. State/Country of Formation

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 ☐

\$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

Zip Code

FL

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]*

REGISTERED AGENT MUST SIGN

Date 12/23/01

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
MAN. MEM.	HANK WOODBURN	8034 PEBBLE CREEK LN W.	PONTRAC, IL 60462
MAN.	FRANKLIN DICKINSON	P.O. BOX 1107	ORANGE PARK, FL 32067

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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