

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
02 JUN 21 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006648

1. Limited Liability Company's Name

THE RIVERSIDE BUILDING, L.C.

2. Principal Office Address

1045 Riverside Ave.

3. Mailing Office Address

3020 Timberlake Pointe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Ponte Vedra Beach, FL

Zip

32204

Country

U.S.

Zip

32082

Country

U.S.

4. State/Country of Formation

Florida/U.S.

5. Date Organized or Qualified

To Do Business in Florida 10/13/99

6. FEI Number

59-3602581

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

Lawrence R. Patterson

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

3010 S. Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State
FL

Zip Code
32250

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

Lawrence R. Patterson

REGISTERED AGENT MUST SIGN

Date

6/18/02

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	J. Brooks Haas	3141 Ponte Vedra Blvd.	Ponte Vedra Beach, FL 32082
			50.00 - CF
			200 - Adm

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

J. Brooks Haas

Date

6/13/02

Daytime Phone #

904-358-1206

Typed or printed name of signing Managing Member/Manager

J. Brooks Haas

CR2EDM1 (3/01)