

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 26 AM 9:08

DOCUMENT # L99000006648

1. Limited Liability Company's Name

The Riverside Building, L.C.

2. Principal Office Address

1045 Riverside Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

3020 Timber Lake Pointe

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Ponte Vedra Beach, FL

Zip

32204

Country

United States

Zip

32082

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/13/1999

6. FEI Number

593602581

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 South Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

REINSTATEMENT 03-05

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

Date 8-18-05

REGISTERED AGENT MUST SIGN

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	Brooks J. Haas	3141 Ponte Vedra Boulevard	Ponte Vedra Beach, FL 32082

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

Brooks J. Haas

Date 8/22/05

Daytime Phone # 904-826-3499

Typed or printed name of signing Managing Member/Manager Brooks J. Haas

CR2E041 (10/02)