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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008620

Name and Mailing Address

0017112 01 FP 0.352 **PRSR T3 0 0615 32082

COMMONWEALTH MANAGEMENT GROUP, L.L.C.
814 AIA NORTH, SUITE 300
PONTE VEDRA BEACH FL 32082



2. New Mailing Address 909 Ponte Vedra Blvd City, State, Zip Ponte Vedra Bch FL 32082		4. State/Country of Formation FL	
Principal Place of Business 814 AIA NORTH, SUITE 300 PONTE VEDRA BEACH FL 32082		5. Date Organized or Qualified To Do Business in Florida 12/09/1999	
3. New Principal Place of Business Address 909 Ponte Vedra Blvd City, State, Zip Ponte Vedra Bch FL 32082		6. FEI Number 59-3613161 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BLACKBURN, DENNIS L SUITE 200, SOUTHPOINT BUILDING 6620 SOUTHPOINT DRIVE, SOUTH JACKSONVILLE FL 32216		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status 9. Name and Address of New Registered Agent Name NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) BLACKBURN & COMPANY, L.C. 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE, FLA. 32256 City, State, Zip FL Zip Code	
10. 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] REQUIRED Date 1/7/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STELK, RANDY E	814 AIA NORTH, SUITE 300	PONTE VEDRA BEACH FL 32082
MGR	ANDERSON, ALAN H	814 AIA NORTH, SUITE 300	PONTE VEDRA BEACH FL 32082
MGR	KEAVENEY, FRANCIS X	814 AIA NORTH, SUITE 300	PONTE VEDRA BEACH FL 32082
		300026626303 01/09/04--01087--001 **150.00	
		REINSTATEMENT 103	
12. 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 [Signature] REQUIRED Date 12-15-03 Daytime Phone # 904-273-4500 Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)