L99000009202

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

** PLEASE HELP US TO ENSURE THAT THIS LIMITED LIABILITY COMPANY IS REINSTATED AND RECEIVES A CERTIFICATE OF STATUS NO LATER THAN, THURSDAY, JANUARY 4, 2001.

IT MUST HAVE EVIDENCE OF GOOD STANDING IN ORDER TO CLOSE A LOAN ON A PIECE OF PROPERTY.

THANK YOU.

L99-9202

LIMITED LIABILITY REINSTATEMENT

ATLANTIS JACKSONVILLE, L.L.C.

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(2)

Certificate of Status	1
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009202

1. Limited Liability Company's Name
ATLANTIS JACKSONVILLE, L.L.C.

2. Principal Office Address	3. Mailing Office Address
171 Church Street	171 Church Street
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Charleston, South Carolina	City & State: Charleston, South Carolina
Zip: 29401 Country: USA	Zip: 29401 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/27/99

6. FEI Number: XX 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: F & L Corp.

Street Address (P.O. Box Number is Not Acceptable): 200 Laura Street

Suite, Apt. #, Etc.:

City: Jacksonville, State: FL Zip Code: 32202

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.

F & L Corp.
Signature of Registered Agent By: Charles V. Hedrick
Charles V. Hedrick, REGISTERED AGENT MUST SIGN Authorized Signatory
Date 1/3/01

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
M/M	Arthur H. Appelgate	171 Church Street, Suite 300	Charleston, SC 29401

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: A H Appelgate Date 1-3-01 Daytime Phone # (843) 577-3900

Typed or printed name of signing Managing Member/Manager: ARTHUR H. APPELGATE

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