


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # <u>L99000009245</u> <small>1. Limited Liability Company's Name</small> NORTH FLORIDA COMMERCE CENTER LLC <div style="text-align: right; font-size: 1.5em; margin-top: 10px;">9/14/07</div>																											
2. Principal Office Address - No P.O. Box # 33 WATER STREET <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 33 WATER STREET <small>Suite, Apt. #, etc.</small>																									
City & State ST AUGUSTINE, FLORIDA		City & State ST AUGUSTINE, FLORIDA																									
Zip 32084	Country UNITED STATE	Zip 32084	Country UNITED STATES																								
8. Name and Address of Current Registered Agent Name ROBERT GRAUBARD Street Address (P.O. Box Number is Not Acceptable) 33 WATER STREET <small>Suite, Apt. #, Etc.</small> City ST AUGUSTINE <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><small>State</small> FL</div><div><small>Zip Code</small> 32084</div></div>																											
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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><small>Signature of Registered Agent</small> _____</div><div><small>Date</small> _____</div></div> <p style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</p>																											
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>ROBERT GRAUBARD</td><td>33 WATER STREET</td><td>ST AUGUSTINE, FLORIDA 32084</td></tr><tr><td>MGR</td><td>ROBERT LAURENCE</td><td>1100-4 PONCE DE LEON BLVD S</td><td>ST AUGUSTINE, FLORIDA 32084</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <div style="text-align: center; margin-top: 20px; font-size: 1.5em; font-weight: bold;">Without Penalty REINSTATEMENT 2007-08</div>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	ROBERT GRAUBARD	33 WATER STREET	ST AUGUSTINE, FLORIDA 32084	MGR	ROBERT LAURENCE	1100-4 PONCE DE LEON BLVD S	ST AUGUSTINE, FLORIDA 32084												
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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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><small>Signature of Managing Member/Manager</small> _____</div><div><small>Date</small> <u>9/30/08</u></div><div><small>Daytime Phone #</small> <u>904-824-8463</u></div></div> <p><small>Typed or printed name of signing Managing Member/Manager</small> _____</p>																											

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400136578424
12/11/08--01027--012 **138.75

400136578424
10/02/08--01040--007 **138.75

CR2E041 (12/07)

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified To Do Business in Florida

12/28/1999

6. FEI Number

59-3712772

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.