

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 CLERK OF THE SUPREME COURT  
 DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 1:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000606

Name and Mailing Address

0001813 01 AT 0,292 \*\*AUTO T8 0 0615 32245-646969  
 COGIN ORLANDO PROPERTIES LLC  
 P.O. BOX 16469  
 JACKSONVILLE FL 32245-6469



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/19/2001	
Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3706553	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	9. Name and Address of New Registered Agent Name: Nancy D Noble Street Address: 4306 Pablo Oaks Ct City: Jacksonville FL Zip: 32224
--	--

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: *Nancy D Noble* **SIGNATURE REQUIRED** Date: 12-11-03  
 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	TOMM, CB	4306 PABLO OAKS CT	JACKSONVILLE FL 32224
MGR	MARLETTE, LINDA	4306 PABLO OAKS CT	JACKSONVILLE FL 32224
000025777810 12/26/03--01085--003 **150.00			
REINSTATEMENT 2003			

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: *Linda L Marlette* **SIGNATURE REQUIRED** Date: 12-11-03 Daytime Phone #: 904-992-4110  
 Typed or printed name of signing Managing Member/Manager: Linda L Marlette

CR2E084 (7/03)