

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M01000001938

FILED
02 NOV 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001938
Name and Mailing Address

0008943 01 FP 0.352 **PRSRT H9 0 0615 32073-432217
SNS ORANGE PARK, LLC
317 BLANDING BLVD.
ORANGE PARK FL 32073-4322



10/14/02

2. New Mailing Address 2120 16th Ave South City, State, Zip Birmingham, AL 35205		4. State/Country of Formation AL	
Principal Place of Business 317 BLANDING BLVD. ORANGE PARK FL 32073		5. Date Organized or Qualified To Do Business in Florida 08/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 63-12811677	
		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 AVE. TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *X AG Smith Hand Asst Secy* Date: 11/13/02
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
MGRM	Samuel W. Kelley	105 Church St. Suite C	Rainbow City AL 35906
MGRM	Don Colegrove	" "	" "

REINSTATEMENT 2002
500008978895
11/14/02--01004--003 **150.00

(Signature: BK) *(Signature: BA)*

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: *Don Colegrove* Date: 11-6-02 Daytime Phone #: 256-442-4070
Typed or printed name of signing Managing Member/Manager: Don Colegrove

CR2E084 (8/02)



UCC FILING & SEARCH SERVICES, INC.
 526 East Park Avenue
 Tallahassee, Florida 32301
 (850) 681-6528

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

November 13, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

SNS Orange Park, LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

RECEIVED
 02 NOV 13 PM 4: 06
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input checked="" type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other