

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 SEP -9 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800022935308  
09/10/03--01073--009 \*\*200.00

DOCUMENT # 197000000892

1. Limited Liability Company's Name

CIMC Atlantic II, L.L.C.

2. Principal Office Address

17735 Gran Bay Parkway

Suite, Apt. #, etc.

#200

City & State

Jacksonville FL

Zip

32258

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

12-19-1997

6. FEI Number

52-1878100

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FAIR BANKS, RANDAL

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

228 Ponte Vedra Park Place

Suite, Apt. #, Etc.

Suite 200

City

Ponte Vedra

State

FL

Zip Code

32082

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.

Signature of  
Registered Agent

Randal C. Fairbanks

REGISTERED AGENT MUST SIGN

Date 8-21-03

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
Managing MEMBER	DAVID BROWN	26221 Marsh Landing Parkway	Ponte Vedra Beach FL 32082

REINSTATEMENT 08 03  
dec

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

David L. B.

Date 8/15/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)