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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1. DOCUMENT # M98000001362

Name and Mailing Address

0009321 01 FP 0.352 **PRSR HT 0 0615 32225-658499

9951 ATLANTIC BOULEVARD, L.L.C.

9951 ATLANTIC BLVD.

JACKSONVILLE FL 32225-6584

FILED
JUN 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		NJ	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
9951 ATLANTIC BLVD. JACKSONVILLE FL 32225		11/19/1998	
3. New Principal Place of Business Address		6. FEI Number	
22 Ball St 3rd Fl City, State, Zip Irvington NJ 07111		22-3619058	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 850-878-4734			
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		21200	
City		FL Zip Code	
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		Date	
Ed Hand President		6/30/03	
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
MGRM	CALLER, MARK	22 BALL STREET, 3RD FLOOR	IRVINGTON NJ 07111
		200018468702 07/01/03--01007--010 **50.00	
		200018468702 05/07/03--01117--011 **150.00	
A		REINSTATEMENT 2002-2003	
		B/K	
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		Date	
		5/1/03	
Typed or printed name of signing Managing Member/Manager		Daytime Phone #	
Mark Caller		904-724-0689	

CP2E084 (8/02)