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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

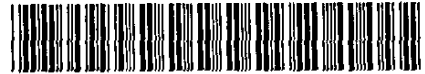
0009321 01 FP 0.352 \*\*PRSR HT 0 0615 32225-658499



9951 ATLANTIC BOULEVARD, L.L.C.  
 9951 ATLANTIC BLVD.  
 JACKSONVILLE FL 32225-6584

*BJL*

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



|   |  |  |  |
|---|--|--|--|
| 2. New Mailing Address<br>City, State, Zip  |  | 4. State/Country of Formation<br>NJ  |  |
| Principal Place of Business<br>9951 ATLANTIC BLVD.<br>JACKSONVILLE FL 32225                               |  | 5. Date Organized or Qualified To Do Business in Florida<br>11/19/1998   |  |
| 3. New Principal Place of Business Address<br>22 Ball St 3rd Fl<br>City, State, Zip<br>Irvington NJ 07111 |  | 6. FEI Number<br>22-3619058<br>Applied For<br>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<br>NATIONSCORP REGISTERED AGENTS, INC.<br>526 E. PARK AVENUE<br>TALLAHASSEE FL 32301<br>850-878-4734 | 9. Name and Address of New Registered Agent<br>Name: <i>Ed Hand</i><br>Street Address (P.O. Box Numbers Not Acceptable): <i>2200</i><br>City: <i>Irvington</i> FL Zip Code: <i>07111</i> |
|--|--|

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: *Ed Hand President* Date: *6/30/03*  
 REGISTERED AGENT MUST SIGN

| 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

**REINSTATEMENT 2002-2003**  
*BJL*

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: *Mark Caller* Date: *5/1/03* Daytime Phone #: *904-724-0649*  
 Typed or printed name of signing Managing Member/Manager: *Mark Caller*

CP2E084 (8/02)