

**M99000000774**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**  
2003 AUG -7 AM 9:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000000774**

1. Limited Liability Company's Name  
**GOVERNORS MARKETPLACE, LLC**

2. Principal Office Address <b>7400 Baymeadows Way</b>		3. Mailing Office Address <b>7400 Baymeadows Way</b>	
Suite, Apt. #, etc. <b>207</b>		Suite, Apt. #, etc. <b>107</b>	
City & State <b>Jacksonville</b>		City & State <b>Jacksonville</b>	
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32256</b>	Country <b>USA</b>

4. State/Country of Formation <b>Georgia USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>May, 19, 1999</b>	
6. FEI Number <b>59-3705298</b>	Applied For <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

**8. Name and Address of Current Registered Agent**

Name  
**William M. Sulzbacher**

Street Address (P.O. Box Number is Not Acceptable)  
**7400 Baymeadows Way, #107**

Suite, Apt. #, Etc.  
**Suite 107**

City  
**Jacksonville**

State  
**FL**

Zip Code  
**32256**

**700022127707**  
**08/07/03--01013--001 \*300.00**

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 *William M. Sulzbacher* Date **8-6-03**

REGISTERED AGENT MUST SIGN

**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
President Manager	William M. Sulzbacher	7400 Baymeadows Way, #107	Jacksonville, FL 32256

**REINSTATEMENT 2000-03**

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 *William M. Sulzbacher* Date **8-6-03** Daytime Phone # **904-38739-1235**

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E041 (10/02)