


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 SEP 28 AM 9:45

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** M 02000002617

**1. Limited Liability Company's Name**  
 Hale Building Company, LLC

<b>2. Principal Office Address</b> 2020 Capital Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2020 Capital Drive Suite, Apt. #, etc.	
<b>City &amp; State</b> Wilmington, NC		<b>City &amp; State</b> 2020 Capital Drive	
<b>Zip</b> 28405	<b>Country</b> US	<b>Zip</b> 28405	<b>Country</b> US

CR2E041 (8/05)

**4. State/Country of Formation**  
US

**5. Date Organized or Qualified To Do Business in Florida**  
10-02-2002

**6. FEI Number**  
01-627130

**7. CERTIFICATE OF STATUS DESIRED**  \$5.00 Additional Fee required for a Certificate of Status

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

**Name**  
CT Corporation

**Street Address (P.O. Box Number is Not Acceptable)**  
1200 South Pine Island Road

**Suite, Apt. #, Etc.**  
600060020386  
09/28/05--01005--003 \*\*150.00

**City**  
Plantation

**State**  
FL

**Zip Code**  
33324

**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** \_\_\_\_\_ **Date** 09/22/05

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
MGRM	L.C. Hale III	2020 Capital Drive	Wilmington, NC 28405

**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** \_\_\_\_\_ **Date** 09/22/05 **Daytime Phone #** (910) 313-2468

**Typed or printed name of signing Managing Member/Manager** L.C. Hale, III

REINSTATEMENT 2005