M02000002820

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 AUG 25 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002820

1. Limited Liability Company's Name
AARON VENTURES I, LLC

BK

2. Principal Office Address	3. Mailing Office Address
309 E. PACES FERRY RD.	309 E. PACES FERRY RD.
Suite, Apt. #, etc.: 8th FLOOR	Suite, Apt. #, etc.: 8th FLOOR
City & State: ATLANTA, GA	City & State: ATLANTA, GA
Zip: 30305 Country: USA	Zip: 30305 Country: USA

4. State/Country of Formation: GA, USA

5. Date Organized or Qualified To Do Business in Florida: 10/25/02

6. FEI Number: 56-2289070 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: 8-24-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	CHARLES LOUDERMILK	309 E. PACES FERRY RD.	ATLANTA, GA 30305
MGRM	KENNETH BUTLER	SAME	400040647504 08/30/04--01080--018 **155.00
MGRM	MARC ROGOUIN	SAME	400040647504 08/30/04--01080--019 **50.00
MGRM	JAMES CATES	SAME	
	REINSTATEMENT 2003-2004		

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: 8/11/04 Daytime Phone #: 678-402-3434

Typed or printed name of signing Managing Member/Manager: MARC S. ROGOUIN