PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -4 PM 3:30

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

04

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1015 Cobb Place Boulevard	309 E. Paces Ferry Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 1100
City & State	City & State
Kennesaw, Georgia	Atlanta, Georgia
Zip: 30144-3672 Country: USA	Zip: 30305 Country: USA

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business in Florida: 10/25/2002

6. REI Number: 562289070 ☐ 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Heather Chapman as its agent Date: 11/4/2009

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
mgr	R. Charles Loudermilk, Sr.	309 E. Paces Ferry Road, NE	Atlanta, GA 30302
mgr	William K, Butler, Jr.	309 E. Paces Ferry Road, NE	Atlanta, GA 30302
mgr	Robert C. Loudermilk, Jr.	309 E. Paces Ferry Road, NE	Atlanta, GA 30302
mgr	James L. Cates	309 E. Paces Ferry Road, NE	Atlanta, GA 30302
			100162498891
	REINSTATEMENT 2009		

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: James L. Cates Date: 11/4/2009 Daytime Phone#: 678-402-3384

Typed or printed name of signing Managing Member/Manager: James L. Cates, Manager/Member

CSC

CORPORATION SERVICE COMPANY

M02000002820

RECEIVED
09 NOV -4 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195
REFERENCE : 178019 7337176
AUTHORIZATION : Lynn Coleman
COST LIMIT : $ 243.75

ORDER DATE : November 4, 2009

ORDER TIME : 12:57 PM

ORDER NO. : 178019-005

CUSTOMER NO: 7337176

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -4 PM 3:30

REINSTATEMENT

NAME: AARON VENTURES I, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS BMK