

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006320

1. Limited Liability Company's Name

2-G Properties LLC

2. Principal Office Address - No P.O. Box #

1331 SOUTH INTERNATIONAL PARKWAY

Suite, Apt. #, etc.

SUITE 1261

City & State

LAKE MARY, FL

Zip

32746

Country

USA

3. Mailing Office Address

470 PROVIDENCE MAIN ST NW

Suite, Apt. #, etc.

SUITE 303

City & State

HUNTSVILLE, AL

Zip

35806

Country

USA

4. State/Country of Formation

ALABAMA/USA

5. Date Organized or Qualified To Do Business in Florida

11/08/2005

6. FEI Number

11-3719291

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 **TOM BUCINSKI**

Street Address (P.O. Box Number is Not Acceptable)

1331 SOUTH INTERNATIONAL PARKWAY

Suite, Apt. #, Etc.

SUITE 1261

City

LAKE MARY

State

FL

Zip Code

32746

E-mail Address:

200224997252
03/16/12--01027--018 **793.75

JULIE.ERWIN@ELCOMSALES.COM

(To be used for future annual report notices)

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 2/22/12

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	ERWIN, KERRY	470 PROVIDENCE MAIN ST NW, STE 303	HUNTSVILLE, AL 35806
MGRM	BORTLES, RICK	11555 MEDLOCK BRIDGE RD, SUITE 220	JOHNS CREEK, GA 30097
MGRM	CIAMPA, DAVE	200 CASCADE POINT LN, STE 105	CARY, NC 27512
REINSTATEMENT - 08 - 2012			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date 3/6/12

Daytime Phone #

256-348-8614

Typed or printed name of signing Managing Member/Manager