

# MA8000001330

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAY 16 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### DOCUMENT #

1. Limited Liability Company's Name  
South Atlantic, LLC

99

*PK*

### 2. Principal Office Address

Pinehurst Commons Bldg. 2  
Suite, Apt. #, etc.  
315 North Page Road  
City & State  
Pinehurst, NC  
Zip  
28374  
Country  
Moore

### 3. Mailing Office Address

Pinehurst Commons Bldg. 2  
Suite, Apt. #, etc.  
315 North Page Road  
City & State  
Pinehurst, NC  
Zip  
28374  
Country  
Moore

### 4. State/Country of Formation

North Carolina

### 5. Date Organized or Qualified To Do Business in Florida

10/14/1999

### 6. FEI Number

56-1996898

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

688854914226  
05/20/05--01038--001 \*\*450.00

### 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

*Carla Loni*

Carla Loni  
Asst. Vice President

Date

5-16-05

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
MGR	Jeremy Woolridge	315 N. Page Road/Pinehurst Commons Building 2	Pinehurst, NC 28374
MGR	Cary M. Peterson	4112 S. Fletcher Avenue	Fernandina Beach, FL 32034

**REINSTATEMENT 1999-2005**

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

*Cary M. Peterson*

Date

5/6/05

Daytime Phone #

336-631-8866

Typed or printed name of signing Managing Member/Manager

CARY M. PETERSON

CR2E041 (10/02)