


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN 20 PM 3:37

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98000001330

1. Limited Liability Company's Name

South Atlantic, LLC

BK

CORP REW
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1907 S. 17th Street		3. Mailing Office Address 1907 S. 17th Street	
Suite, Apt #, etc. Suite 2		Suite, Apt #, etc. Suite 2	
City & State Wilmington, NC		City & State Wilmington, NC	
Zip 28401	Country US	Zip 28401	Country US

4. State/Country of Formation NC		
5. Date Organized or Qualified To Do Business in Florida 11-13-1998		
6. FEI Number 561996898	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 2525

E-mail Address:
400219092274
01/23/12--01002--014 **1071.25
jiseman@belldavispitt.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 Stephanie Milnes Asst. V.P. Date 1/20/2012
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
MRG	Jeremy Woolridge	1907 S. 17th Street, Suite 2	Wilmington, NC 28401
MRG	Cary M. Peterson	4112 S. Fletcher Avenue	Fernandina Beach, FL 32034

REINSTATEMENT 2006-2012

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 [Signature] Date 1-9-12 Daytime Phone # 336-714-4166

Typed or printed name of signing Managing Member/Manager _____