


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:02

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A20023**
1. Name
Exchange Building, LTD

2. Principal Office Address 201 S. Monroe		3. Mailing Office Address same	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.	
City & State Tallahassee		City & State	
Zip 32301	Country	Zip	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida		Applied For
5. FEI Number 59-2606070		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **C. Patrick Roberts**


Street Address (P.O. Box Number is Not Acceptable)
201 S. Monroe St.

Suite, Apt. #, Etc.
Suite 201

City **Tallahassee**

State **FL** Zip Code **32301**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

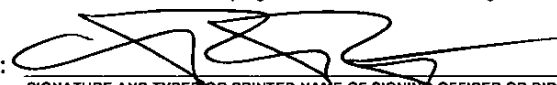
Date **10-05-06**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
G	EXCHANGE BUILDING GP, LLC	2065 THOMASVILLE RD.	TALLAHASSEE, FL 32308 L06000014443

700090962847
10/12/06 - 010 **750.00
REINSTATEMENT 2006

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-5-06** Daytime Phone #