APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



A9700000 2256

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Kztherine Harris FILED Secretary of State 99 HAY 27 PH 3: 35

DOCUMENT # A 97 00000 2256			1. 3. 3	5	
1. Name of Limited Partnership Southeast Legal Copy, Ltd.			TALLAHASSTE, FLORID,		
Southeast Legal Copy, Lia.			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	<u>*</u>	
			DO NOT WRITE	IN THIS SPACE	
2. Mailing Address				0/13/1997	
7960 TURNBERRY WAY	Sute Apt #, etc		5. FEI Number	Applied For	
City & State	Cr. & State		58-23 <i>50</i> 857	Not Applicable	
Duluth Georgia 3001/	Duluth Georgia 30097		6. CERTIFICATE OF STATUS DESIRED S9.75 Additional Fee required		
USA COULDY	Zip Counter,	USA		for a Certificate of Status Florida	
8a. Capital Contributions as Shown on Record.	FEES:1.) Filing Fee(s): Comput	ed at a rate of \$7 per \$1,00	00 on amount entered in 85, with a minimur		
₹100	\$437.50, for <u>each</u> <u>yea</u> 2) Supplemental Fee(s):		this office, beginning with 1992 calendar year.		
8b, Amount of Capital Contributions in FLORIDA to date:	Note. If the amount entered in 8b is	penalty fee for <u>each year ri</u> s greater than amount ente		<u>form is delinquent.</u> I Ba, a supplemental affidavit must be submitted along with a separate and	
O Name and Address of Current Bo	appropriate filing fee.		10. If changed, new registered agent/office		
9. Name and Address of Current Registered Agent		Name			
Braswell, Curt		Street Address (P.O. Box Number Is Not Acceptable)			
. 3744 Winding Lake Circle		Suite. Apt 4. etc			
Orlando FL 32835		-06/08/9901065001			
		*****141.da_ ****141.25			
10a, Pursuant to the provisions of sections 620,1051 and 620,192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered					
agent I am familiar with, and accept the obligations of sect of 620 192 Florida Statules					
SIGNATURE (Registered Agent Accepting Appointment)	Unt Bam		DAYE	5/10/1/	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)	Address of Each General Pa (Do NOT Use Post Office Box N	rtner	City, State and Zip Code	11a. Registration Document Number	
RDC management, Inc.	7960 Turnberry way		whith GA 30097	F97000005392	
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			,		
				·	
Notes Comments and MAY NOT	a shanged on this form				

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3fk), Florida Statutes I release the Division of

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information	supplied is deemed exempt from public access. I further certify that the information indicated on
this actual report is true and accurate and that my signature shall have the same legal effects as if made u	inder oath. I further certify that I am a General Partner of the limited partnership, receiver or truste
emonifered to execute this report as required by chapter 600. Florida Statutes	•
SIGNATURE John R Moody	DATE 5/17/99
Typed or Printed Name of General Partner Signing Form JOHN R. Mody	Telephone Number 770 - 232 - 7474