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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 20 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200089587692

02/27/07--01029--026 **450.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #F01000004664

1. Corporation Name

Roberts Realty Investors, Inc.

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address
450 Northridge Parkway

3. Mailing Office Address
450 Northridge Parkway

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.
Suite 302

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip Country
30350 U.S.A.

Zip Country
30350 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 8/30/2001

5. FEI Number
582122873

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State
FL

Zip Code
33324

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

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

Date 1-16-07

REGISTERED AGENT MUST SIGN

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
CEO	Charles S. Roberts	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350
CFO	Charles R. Elliott	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350
DIR	Dennis James	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350
DIR	Jarell Wm. Jones	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350
DIR	Ben Spalding	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350
DIR	James M. Goodrich	450 Northridge Pkwy.Ste.302	Atlanta, GA 30350

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:

Charles R. Elliott CHARLES R. ELLIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/07

770-394-6000
Daytime Phone #

JC 2/21

Page 2 of 2



February 10, 2007


Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

It has come to my attention that our status as a corporation in the State of Florida has been inactive. After speaking with the agent, we are sending in the Corporation Reinstatement Form as well as a check for \$450.00 to cover 2005-2007 in order to be reinstated in the State of Florida. The annual report notices were not received by this office, and I am requesting the reinstatement fee of \$600 be waived for this reason. We would like to clear this matter up, so that we may begin to expand our business back into the state of Florida.

If you have any questions or comments, please feel free to contact me at (770) 394-6000 ext. 301 or mgordon@robertspropertiesinc.com

Sincerely,


Mark Gordon, Controller
Roberts Realty Investors, Inc.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 FEB 20 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0300013881

1. Corporation Name

MARK CROSS OF ORLANDO, INC

400089587184
02/27/07--01029--019 **458.75

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
62 LAKE FOREST PL

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State

Zip
32137

Country
FLAGLER

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12-01-03

5. FEI Number 20-0418071

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARK CROSS

Street Address (P.O. Box Number is Not Acceptable)
62 LAKE FOREST PL

Suite, Apt. #, Etc.

City
PALM COAST

State
FL

Zip Code
32137

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mark Cross

REGISTERED AGENT MUST SIGN

Date 1-26-07

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
PRES	MARK CROSS	62 LAKE FOREST PL	PALM COAST, FL

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:

Mark Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2007

Date

386-986-6328

Daytime Phone #

X 2/21