2007 FOR PROFIT CORPORATION. ** REINSTATEMENT

REC'D OCT 3 1 2007 DOCUMENT # F96000006318 FILED DB GENERAL PARTNER, INC. 07 DEC 11 PM 2:53 DALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % HARBOR MANAGEMENT % HARBOR MANAGEMENT 3190 NE EXPRESSWAY., #410 3190 NE-EXPRESSWAY., #410 ATLANTA, GA 30341 ATLANTA, GA 30341 2. Principal Place of Business - No P.O. Box # 3. Mailing Address #100 3190 N.E. EXPRESSING Suite, Apt. #, etc. 3+e # 400 Suite, Apt. #, etc. City & State City & State 4. FEI Number TLANTA COCOGIG 58-2271630 30341 Zip Country \$8.75 Additional 5. Certificate of Status Desired DEKALB 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION'S ERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this Troy Todd the obligations of registered agent as its agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe gistered agent and title it applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD TITLE Change Addition ☐ Delete BERKMAN, DAVID NAME NAME 3190 N.E. EXPRESSIONY, Ste HOO -9224 PACES BEND GT STREET ADDRESS ATLANTA; GA 30327 CITY - ST- 7IP CITY-ST-ZIP ~ ☐ Delete THTLE ☐ Addition TITLE NAME BERKMAN, STEVEN 3190 N.E. EXPRESSWAY. Ste #410 STREET ADDRESS - 3224 PACES BEND CT-STREET ADDRESS ATLANTA, GA 30341 CITY-ST-ZIP ATLANTA, GA 30327 CITY - ST - 7JP Change ☐ Delete TITLE ■ Addition BERKMAN, BETTY L NARAF NAME 3190 N.E. EXPRESSURAY, Ste #400 ATLANTA GA 30341 STREET ADDRESS 3224 PACES BEND CI STREET ADDRESS CITY-ST-ZIP ATLANTA CA 20227 CITY-ST-7iP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition 11790112236633 T NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CHTY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.