

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL -5 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006787

1. Corporation Name

BBR Properties, Inc.

300006328903--4
-07/11/02--01033--011
****808.75 ****808.75

REINSTATEMENT 01-02

2. Principal Office Address

6000 Lake Forrest Dr.

3. Mailing Office Address

6000 Lake Forrest Dr.

Suite, Apt. #, etc.

Suite 560

Suite, Apt. #, etc.

Suite 560

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip

30328

Country

US

Zip

30328

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/97

5. FEI Number

58-2202281

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

E.D. Armstrong, III, Esquire

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

911 Chestnut Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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 6/27/02

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
PD	Robert N. Hatfield, Jr.	6000 Lake Forrest Drive Suite 560	Atlanta, Georgia 30328
VPSTD	Brooks A. Hatfield	6000 Lake Forrest Drive Suite 560	Atlanta, Georgia 30328

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 under section 119.07(3)(i), 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]*, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02 404-943-0100

Date

Daytime Phone #

CR2E081 (9/01)

7/18/02