

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000004490**

**1. Limited Liability Company's Name**  
Michaelsmind, L.L.C.

400014098004  
03/14/03--01099--006 \*\*150.00  
400014098004  
03/14/03--01099--005 \*\*50.00

**2. Principal Office Address**  
5600 Claire Rose Lane

**3. Mailing Office Address**  
5600 Claire Rose Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Atlanta, GA

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Atlanta, GA

**Zip Country**  
32327 U.S.A.

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32327 U.S.A.

**4. State/Country of Formation**  
Florida/ U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida** April 18, 2000

**6. FEI Number**

**Applied For**

☒ **Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED** ☐ \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**  
Fred F. Harris, Jr.

**Street Address (P.O. Box Number is Not Acceptable)**  
101 East College Avenue

**Suite, Apt. #, Etc.**

**City**  
Tallahassee

**State Zip Code**  
FL 32301

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of  
Registered Agent**

*[Signature]*  
REGISTERED AGENT MUST SIGN

**Date** 2/21/03

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Steve Tiller	5600 Claire Rose Lane	Atlanta, GA 30327

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager**

*STEVEN A. TILLER*

**Date** 2/17/03

**Daytime Phone #** 316-8309  
404/252-8480

**Typed or printed name of signing Managing Member/Manager** Steve Tiller

CR2041 (10/02)