PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 OCT 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006134

1. Limited Liability Company's Name

4912 Georgia Avenue, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
5000 Georgia Ave	P O Box 18769
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Bch FL	City & State: W. Palm Bch FL
Zip: 33405 Country: USA	Zip: 33416 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 2000

6. FEI Number: 65-1012105 ☐ 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

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****155.00 ****155.00

Name: M. Pope Anthony Jr

Street Address (P.O. Box Number is Not Acceptable): 5000 Georgia Ave

Suite, Apt. #, Etc.:

City: West Palm Beach State: FL Zip Code: 33405

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: M. Pope Anthony Jr Date: 10/29/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
Member	M. Pope Anthony Jr	18099 Island Oak Dr Jupiter FL 33478	
Member	Archer A. Barry	7243 SW 146 St. Circle Miami, FL 33158	
Member	Holden A. Davis	411 E. Washington St. Paris IL 61944	

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: M. Pope Anthony Jr - MEMBER Date: 10/29/01 Daytime Phone # 561 588-7336 ext 111

Typed or printed name of signing Managing Member/Manager: M. Pope Anthony Jr