

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 14 PM 1:02

W 6/17

DOCUMENT # L 000 000 061 47

1. Limited Liability Company's Name

Country Club Lakes Properties, LLC
REINSTATEMENT 2001
2002

2. Principal Office Address

4090 Hodges Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

1575 Northside Drive

Suite, Apt. #, etc.

Building 100, Suite 200

City & State

Jacksonville FL

City & State

Atlanta GA

Zip

32224

Country

USA

Zip

30318

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3647709

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date 6-14-02

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
MGR	GEREE SUNCOAST LLC	1575 NORTHSIDE DRIVE BUDG 100 STE 200	ATLANTA GA 30318
		2001-	
		REINSTATEMENT 2002	150.00-Adm
			50.00-CF
			5.00-Cert

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

Date

6/12/02

Daytime Phone #

404 367 6039

Typed or printed name of signing Managing Member/Manager

Stephen D. Broome

CR2E041 (9/01)