

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -8 P 3: 04

DOCUMENT #

L00000006280

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

GulfRental.net, L.L.C.

2. Principal Office Address

P.O. Box 421414

3. Mailing Office Address

P.O. Box 421414

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30342

Country

USA

Zip

30342

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

5/16/2000

6. FEI Number

58-2576990

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

Charles Stepter, Esq.

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

170 E. Washington Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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**

REGISTERED AGENT MUST SIGN

Date

9/1/04

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	Daniel R. King	305 Trimble Crest Drive	Atlanta, GA 30342
MGRM	Debra Marie Gray King	305 Trimble Crest Drive	Atlanta, GA 30342
MGRM	James O. Wood, Jr.	3720 Westbrooke Circle	Atlanta, GA 30319
MGRM	Jill M. Harrison	988 Wescott Lane	Atlanta, GA 30319

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

8/25/04

Daytime Phone #

770-901-8863

Typed or printed name of signing Managing Member/Manager

Jill M. Harrison

CR2E041 (10/02)