

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000006909

Name and Mailing Address

0011290 01 SP 0.370 **SGLP

0615 30328

HARBOR CLUB ASSOCIATES, LLC
5505 INTERSTATE PARKWAY N.W.
ATLANTA GA 30328

02 NOV 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800009085848
11/19/02--01083--003 **150.00



11/19 2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/14/2000	
Principal Place of Business 5505 INTERSTATE PARKWAY N.W. ATLANTA GA 30328	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2551461	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SAUEY, JEFFREY L 21 N.E. FIRST AVENUE OCALA FL 34470	9. Name and Address of New Registered Agent Name Street Address City FL Zip Code
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10. 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] Date 11/12/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	GREER, RUSSELL A	5505 INTERSTATE N. PKWY NW Interstate	ATLANTA GA 30328
VP	TRAVIS, DOUGLAS E	5505 INTERSTATE N. PKWY NW	ATLANTA GA 30328
VP	Michael Schoeffner	5505 Interstate N. Pkwy N.W.	Atlanta, GA 30328

12. I certify that I am managing member/manager of 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 [Signature] Date 11/12/02 Daytime Phone # 770 952-2233

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)