

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

THE STATE OF FLORIDA DEPARTMENT OF STATE  
Kim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000004081**

1. DOCUMENT # L01000004081

02 NOV 12 AM 9:50

0007254 01 FP 0.352 \*\*PRSRT T2 0 0615 30076-280530  
NEWBRIDGE PROPERTIES, L.C.  
1030 MARTINS LAKE CLOSE  
ROSWELL GA 30076-2805



**REINSTATEMENT** 2002

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 1030 MARTINS LAKE CLOSE ROSWELL GA 30076		5. Date Organized or Qualified To Do Business in Florida 03/16/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		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  VAN HOUTEN, MICHAEL A 114 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ Date \_\_\_\_\_

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
Mr.	Louis R. David	1030 Martins Lake Close	Roswell, GA 30076
Mrs.	Kim L. David	✓	✓
		300008943183	11/12/02--01127--008 **150.00
<b>REINSTATEMENT</b> 2002			

12. 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 Kim L. David Date 10/22/02 Daytime Phone # 770-642-2178

Typed or printed name of signing Managing Member/Manager Kim L. David

CR2084 (8/02)