

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
JAMES M. SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000007334

Name and Mailing Address

0002115 01 FP 0.352 **PRST T7 0 0615 33140-313855

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TAMPA HORIZONS CENTER, L.L.C.

4855 PINE TREE DRIVE

MIAMI BEACH FL 33140-3138

02 NOV 20 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009045348

11/18/02--01040--001 **155.00



2. New Mailing Address

5495 Bannergate Dr.

City, State, Zip Alpharetta, GA 30022

Principal Place of Business

4855 PINE TREE DRIVE
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

5495 Bannergate Dr.

City, State, Zip Alpharetta, GA 30022

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

05/07/2001

6. FEI Number

59-3716037

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE, SUITE 1114
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 11/13/02

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
Manager	Douglas Shankwiler	5495 Bannergate Dr.	Alpharetta, GA 30022
Manager	Larry Hall	2338 Trotan Cir.	Atlanta, GA 30345
Member	Michael Newman	4855 PineTree Dr.	Miami Bch., FL 33140
Member	Michael Brinda	3 Skycrest	Irvine, CA 92612

REINSTATEMENT

2002

1/1/02

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

[Signature]

Date

11/17/02

Daytime Phone #

770-278-2000

Typed or printed name of signing Managing Member/Manager

Douglas Shankwiler

CR2E084 (8/02)