

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FOR DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000008287

Name and Mailing Address

0007320 01 FP 0.352 \*\*PRSR T2 0 0615 30338-314098

BLUE HEAVEN PROPERTIES, L.L.C.

5198 WATERFORD DRIVE

C/O L.B. WALTON

ATLANTA GA 30338-3140

2003 JAN 24 PM 12:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/21/2001	
Principal Place of Business 5198 WATERFORD DRIVE C/O L.B. WALTON ATLANTA GA 30346	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-262306	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent WALTON, L.B. 190 TREASURE ROAD PORT ST. JOE FL 32456		9. Name and Address of New Registered Agent Name <u>L.B. Walton II</u> (still same) Street Address (P.O. Box Number is Not Acceptable) <u>5198 Waterford Dr.</u> City <u>Atlanta, Ga</u> FL Zip Code <u>30338</u>	
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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 12-18-02

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
<u>MGMIR</u> <u>owner</u>	<u>L.B. Walton II</u>	<u>5198 Waterford Dr.</u>	<u>Atlanta, Ga</u> <u>30338</u>
000009667700 12/24/02--01029--001 **150.00			
REINSTATEMENT 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 [Signature] Date 12-18-02 Daytime Phone # 770-352-2204

Typed or printed name of signing Managing Member/Manager