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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009477

Name and Mailing Address

0015876 01 MB 0.309 \*\*AUTO T9 0 0615 30326-100099



ROOD INVESTMENT HOLDINGS, LLC  
TOWER PLACE, SUITE 2200  
3340 PEACHTREE ROAD NE  
ATLANTA GA 30326-1000



US

2. New Mailing Address: <b>3348 Peachtree Road. Suite 1400</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Atlanta, Ga. 30326</b>		5. Date Organized or Qualified To Do Business in Florida <b>06/13/2001</b>	
Principal Place of Business <b>TOWER PLACE, SUITE 2200 3340 PEACHTREE ROAD NE ATLANTA GA 30326 US</b>	3. New Principal Place of Business Address <b>3348 Peachtree Rd. S. 1400</b>		6. FEI Number <b>58-2629847</b>
City, State, Zip <b>Atlanta, Ga. 30326</b>		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent <b>JOHNSON, NANCY R 1604 ALABAMA DRIVE #106 WINTER PARK FL 32789</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 <b>[Signature]</b>		Date <b>10-22-03</b>	
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
<b>MGRM</b>	<b>PHILLIPS, JAMES L MGRM</b>	<b>3348 PEACHTREE ROAD NE, STE 2200</b>	<b>ATLANTA GA 30326</b>
<b>mgrm</b>	<b>Phillips, James L mgrm</b>	<b>3348 Peachtree Rd. NE. Ste 1400</b>	<b>Atlanta, Ga. 30326</b>
			<b>000024171940</b>
			<b>10/27/03--01095--019 **150.00</b>
<b>REINSTATEMENT</b>			
<b>03 Dec</b>			
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 <b>[Signature]</b>		Date <b>10-22-03</b> Daytime Phone # <b>404-504-3051</b>	
Typed or printed name of signing Manager/Member/Manager <b>JAMES L PHILLIPS JR.</b>			

CR2E084 (7/03)