

PLEASE PRINT OR TYPE CLEARLY IN ALL CAPS. DO NOT WRITE OR IMPRINT THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 NOV 25 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009800

Name and Mailing Address

0007317 01 FP 0.352 \*\*PRSR T2 0 0615 30328-38785



MAINSTREET AT BRADENTON, LLC  
6000 LAKE FORREST DR., SUITE 560  
ATLANTA GA 30328-3878

400009209714

11/25/02--01099--011 \*\*155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/19/2001	
Principal Place of Business 6000 LAKE FORREST DR., SUITE 560 ATLANTA GA 30328	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0559956	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 WARD, R. CARLTON ESQ. 1253 PARK STREET CLEARWATER FL 33755	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 [Signature] Date 11/18/2002

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
MEM	Robert N. Hatfield	6000 Lake Forrest DR SUITE 560	Atlanta, GA 30328
<b>REINSTATEMENT 2002</b>			
<u>[Signature]</u>			

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 10-25-02 Daytime Phone # 404 943-0100