

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

NOV 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022281

1. Limited Liability Company's Name

Peachtree Investment Group, LLC

2. Principal Office Address

1358 Thomaswood Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

U.S.

3. Mailing Office Address

1358 Thomaswood Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

U.S.

090025199320
12/01/03--01003--005 **205.00

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/20/2001

6. FEI Number

59-3739535

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

Name

Charles L. Cooper, Jr.

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

1358 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

9. 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

REGISTERED AGENT MUST SIGN

Date **November 18, 2003**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	S. R. Been	2021 Flightway Drive	Chamblee, GA 30341
Manager	S. F. Been	2021 Flightway Drive	Chamblee, GA 30341

REINSTATEMENT 2002-2003

BK

11. 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

Date **11/25/03**

Daytime Phone # **(678) 530-0723**

Typed or printed name of signing Managing Member/Manager **S. F. Been**