

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -2 PM 3:56

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003018

1. Limited Liability Company's Name

Nantahala LLC

2. Principal Office Address

315 Little Creek Road

Suite, Apt. #, etc.

City & State

Highlands, NC 28741

Zip

28741

Country

USA

3. Mailing Office Address

315 Little Creek Road

Suite, Apt. #, etc.

City & State

Highlands, NC 28741

Zip

28741

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2/1/02

6. FEI Number

02-0690294

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

Angela Hatcher

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

1931 Buckfield Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

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

Angela Hatcher

REGISTERED AGENT MUST SIGN

Date 8-2-04

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 |
|------------|--------------------------------------|---|---------------------|
| <i>WJG</i> | Rea Companies Inc | 315 Little Creek Road | Highlands, NC 39741 |
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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

WJG

Date 8-2-04

Daytime Phone # 828-526-2644

Typed or printed name of signing Managing Member/Manager

William J. Rea, Jr. President

CR2E041 (10/02)