

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 - No P.O. Box #

2002 Summit Boulevard

Suite, Apt. #, etc.

Suite 1000

City & State

Atlanta, Georgia

Zip

30319

Country

USA

3. Mailing Office Address

2002 Summit Boulevard

Suite, Apt. #, etc.

Suite 1000

City & State

Atlanta, Georgia

Zip

30319

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

February 1, 2002

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

William J. Rea, Jr.

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

100 South Bridge Lane

Suite, Apt. #, Etc.

C 213, Box 613266

City

WaterSound Beach

State

FL

Zip Code

32431

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

4-30-2010

**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
MGR	Rea Companies, Inc.	2002 Summit Boulevard Suite 1000	Atlanta, Georgia 30319

**REINSTATEMENT** 2008-10-18

11. E-mail Address:

ericbullenbarger@readevelop.com

(To be used for future annual report notifications)

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

Date

4-30-2010

Daytime Phone #

(404) 250-4093

Typed or printed name of signing Managing Member/Manager

William J. Rea, Jr.