

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 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024466

Name and Mailing Address

0015841 01 MB 0.309 **AUTO T8 0 0615 30236-249544



SOUTHSIDE OF FLORIDA, LLC
7544 SOUTHLAKE PARKWAY
JONESBORO GA 30236-2495



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/18/2002	
Principal Place of Business 7544 SOUTHLAKE PARKWAY JONESBORO GA 30236	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2293481	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY STE 300 TAMPA FL 33637	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Mark H. ...* SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/03

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
MGRM	TAWFIK, GALIL	7544 SOUTHLAKE PARKWAY	JONESBORO GA 30236
MGRM	TAWFIK, GAMAL	7544 SOUTHLAKE PARKWAY	JONESBORO GA 30236
			500024474365 11/06/03-01012-004 **150.00
			REINSTATEMENT 03 dec

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 REQUIRED

Date 10-22-03

Daytime Phone # 770-210-2100

Typed or printed name of signing Managing Member/Manager