

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 10 AM 11:34

**DOCUMENT # L03000010721**

1. Limited Liability Company's Name

Convenient East 98, LLC

000135131630  
08/29/08--01028--010 \*\*798.75

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 6622 East Broad Street Suite, Apt. #, etc. Suite A City & State Douglasville, Georgia Zip 30134		<b>3. Mailing Office Address</b> Post Office Box 70 Suite, Apt. #, etc. City & State Douglasville, Georgia Zip 30133	
Country USA	Country USA		

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> March 25, 2003	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name J. Robert Hughes, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 220 McKenzie Avenue		
Suite, Apt. #, Etc.		
City Panama City	State FL	Zip Code 32401

☐ 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

*J. Robert Hughes, Esq.*

REGISTERED AGENT MUST SIGN

Date 08/26/08

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	George R. Kingston	6622 East Broad Street, Suite A	Douglasville, Georgia 30134

**REINSTATEMENT 2004-08**

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

*George R. Kingston*

Date 08/15/08

Daytime Phone # 404-806-7729

Typed or printed name of signing Managing Member/Manager

George R. Kingston, Manager