

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG -5 PM 3:40

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000010754

1. Limited Liability Company's Name

Convenient Thomas Drive, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6622 East Broad Street

Suite, Apt. #, etc.

Suite A

City & State

Douglasville, Georgia

Zip

30134

Country

USA

3. Mailing Office Address

Post Office Box 70

Suite, Apt. #, etc.

City & State

Douglasville, Georgia

Zip

30133

Country

USA

4. State/Country of Formation

Florida

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

03/25/2003

6. FEI Number

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

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

Date 07/25/2008

REGISTERED AGENT MUST SIGN

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

400133777554
07/30/08--01042--002 **795.75

REINSTATEMENT do-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

Date 07/29/2008 Daytime Phone # 404-806-7729

Typed or printed name of signing Managing Member/Manager George R. Kingston