PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2017 JAN 25 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000034800

1. Limited Liability Company's Name
SEA OATS MANAGEMENT, LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 6515 SHILOH RD | | 6515 SHILOH RD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| SUITE 100 | | SUITE 100 | |
| City & State | | City & State | |
| ALPHARETTA | | ALPHARETTA | |
| Zip | Country | Zip | Country |
| 30005 | USA | 30005 | USA |

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 9/9/2003

6. FEI Number
55-0846763
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite.
1201 HAYS STREET

Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| TALLAHASSEE | FL | 32301 |

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Karin L. Dunn, Assistant VP Date 1/18/17
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGR | JEFFREY B. LAMKIN | 6515 SHILOH RD, SUITE 100 | ALPHARETTA, GA 30005 |
| MGR | TANYA M. LAMKIN | 6515 SHILOH RD, SUITE 100 | ALPHARETTA, GA 30005 |
| MGR | HARRY B. LAMKIN | 6515 SHILOH RD, SUITE 100 | ALPHARETTA, GA 30005 |
| AR | ARTHUR R. GREENE | 6515 SHILOH RD, SUITE 100 | ALPHARETTA, GA 30005 |
| | REINSTATEMENT | | JAN 25 2017 |
| | | | R. HUNT |

11. E-mail Address: MGOLD@GOLDLAWPARTNERS.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Arthur R. Greene Date 1/19/17 Daytime Phone # 678-977-5833

Typed or printed name of signing authorized representative/member ARTHUR R. GREENE