PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2017 JAN 25 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF 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

300294740273
01/25/17--01021--002 **238.75

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