

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 9:40

REINSTATEMENT 04-05

DOCUMENT # L03000048272					
1. Entity Name SOUTHERN TRUST INVESTMENTS, LLC					
Principal Place of Business 101 PATTON DRIVE WARNER ROBINS, GA 31093			Mailing Address 101 PATTON DRIVE WARNER ROBINS, GA 31093		
2. Principal Place of Business 2907-I WATSON BLVD # 214		3. Mailing Address SAME			
Suite, Apt. #, etc. # 214		Suite, Apt. #, etc.		01122005 REIN-LLC CR2E101 (6/04)	
City & State WARNER ROBINS, GA		City & State		4. FEI Number 20-2146613	
Zip 31093		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: MELISSA C. DUMONT Street Address (P.O. Box Number is Not Acceptable): 575 OAKS LANE SUITE # 310 City: POMPANO BEACH FL 33069		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent. SIGNATURE: <u>Melissa Dumont</u> DATE: <u>1-12-05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER/MEMBER <input checked="" type="checkbox"/> Delete KARIM KASSAM 3779 GLENEAGLES LANE TUCKER, GA 30087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NEIL WALKER 2907-I WATSON BLVD, #214 WARNER ROBINS, GA 31093	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100045032631 01/19/05--01052--002 ***105.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1-12-05</u> 478- Daytime Phone #: <u>953-4303</u>		