## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                            | •                                                                                  |                                                                    |                                                         |                                                      | •                                                               |                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|--|
| ~•                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                    |                                                         | ٠                                                    |                                                                 |                                                |  |
| 2009 LIMITED LIABILITY COMPANY<br>REINSTATEMENT                                                                                                                                                                                                                                                                            |                                                                                    |                                                                    |                                                         | ·                                                    |                                                                 |                                                |  |
| DOCUMENT # L0400063708                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                    |                                                         | ]                                                    | FILED                                                           |                                                |  |
| 1. Entity Name T.ATLANTICUS, LLC                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                    |                                                         | 0                                                    | 9 FEB 10 PH 2                                                   | 05                                             |  |
| Principal Place of Business Mailing Address                                                                                                                                                                                                                                                                                |                                                                                    |                                                                    |                                                         | Cyl TA                                               | LLAHASSEE FI A                                                  | E                                              |  |
| 310 HIGH HILL RANCH LANE P.O. BOX 13149 TALLAHASSEE, FL 32317-7605 TALLAHASSEE, FL 32317-31                                                                                                                                                                                                                                |                                                                                    |                                                                    | 17-3149                                                 | 11/                                                  |                                                                 | W 1888 STEEL INCEDE AN 1883                    |  |
| 2. Principal P                                                                                                                                                                                                                                                                                                             | lace of Business - No P.O. Box #                                                   | 3. Mailing Address                                                 |                                                         |                                                      |                                                                 |                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                        |                                                                                    | Suite, Apt. #, etc.                                                | OX                                                      | 02092009 REIN-LLC CR2E101 (1/07)                     |                                                                 |                                                |  |
| City & State                                                                                                                                                                                                                                                                                                               |                                                                                    | City & State                                                       |                                                         | 4. FEI Number                                        | PLICABLE                                                        | Applied For<br>Not Applicable                  |  |
| Zip                                                                                                                                                                                                                                                                                                                        | Country                                                                            | Zip                                                                | Country                                                 | 5. Certificate o                                     |                                                                 | \$5.00 Additional<br>Fee Required              |  |
|                                                                                                                                                                                                                                                                                                                            | 6. Name and Address of Current                                                     | Registered Agent                                                   | Name                                                    | 7. Name and A                                        | Address of New Registered A                                     | gent                                           |  |
| DICKINSON, DOUGLAS E<br>310 HIGH HILL RANCH LANE                                                                                                                                                                                                                                                                           |                                                                                    |                                                                    | Street Address                                          | Street Address (P.O. Box Number is Not Acceptable)   |                                                                 |                                                |  |
| TALLAHASSEE, FL 32317-7605                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                    | -                                                       |                                                      |                                                                 |                                                |  |
| City                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                    |                                                         | FL Zip Code                                          |                                                                 |                                                |  |
| 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 registered agent.                                                                                              |                                                                                    |                                                                    |                                                         |                                                      |                                                                 |                                                |  |
| SIGNATURE .                                                                                                                                                                                                                                                                                                                | Signature, typed or printed name of registered agent is                            | and title if applicable (NOTE                                      | : Registered Agent signature requ                       | ired when reinstating)                               | 2 - 10 - C                                                      | ) (                                            |  |
| FILE NOW!!! FEE IS \$377.50                                                                                                                                                                                                                                                                                                |                                                                                    | j j                                                                |                                                         | Make check payable to<br>Florida Department of State |                                                                 |                                                |  |
| 9.                                                                                                                                                                                                                                                                                                                         | MANAGING MEMBE                                                                     | RS/MANAGERS  Delete                                                | 10.                                                     | <u> </u>                                             | ADDITIONS/CHANGES                                               | ☐ Change ☐ Addition                            |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP                                                                                                                                                                                                                                                                                      | DICKINSON, DOUGLAS E<br>310 HIGH HILL RANCH LANE<br>TALLAHASSEE, FL 323177605      | Delete                                                             | NAME STREET ADDRESS CITY-ST-ZIP                         |                                                      |                                                                 | _ crongo                                       |  |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                  |                                                                                    | ☐ Delete                                                           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   | <b>80</b><br>02/10                                   | 00143268<br>0/0901024003                                        | ☐ Change ☐ Addition<br>498<br>**377.50         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                |                                                                                    | ☐ Delete                                                           | TITLE                                                   | · · · · · · · · · · · · · · · · · · ·                | <del></del> .                                                   | ☐ Change ☐ Addition                            |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                      |                                                                                    |                                                                    | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |                                                      |                                                                 |                                                |  |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                              |                                                                                    | Delete                                                             | TITLE<br>NAME                                           |                                                      |                                                                 | Change Addition                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                              |                                                                                    | REINS                                                              | STREET ADDRESS                                          | 72()                                                 | 08-20                                                           | MA 0                                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                            |                                                                                    | ∟ Delete                                                           | NAME STREET ADDRESS CITY-ST-ZIP                         | read, page 1                                         | 20 20                                                           | CA & Addition                                  |  |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                  | _                                                                                  | ☐ Delete                                                           | TITLE NAME STREET ADDRESS                               |                                                      |                                                                 | Change Addition                                |  |
| CITY-ST-ZIP  11. I hereby indicated                                                                                                                                                                                                                                                                                        | certify that the information supplied with on this report is true and accurate and | this filing does not qualify for<br>that my signature shall have t | the exemptions contained<br>the same legal effect as if | in Chapter 119, I                                    | Florida Statutes, I further certify that I am a managing member | y that the information<br>er or manager of the |  |
| indicated on this report is true and accurate and first 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: |                                                                                    |                                                                    |                                                         |                                                      |                                                                 |                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayland Photis P                                                                                                                                                                                           |                                                                                    |                                                                    |                                                         |                                                      |                                                                 |                                                |  |