

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L04000066944, BNK PROPERTIES, LLC

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

221 SCENIC GOLF DRIVE

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FLORIDA

Zip
32550

Country

United States

3. Mailing Office Address

101 VILLAGE PARKWAY

Suite, Apt. #, etc.

BLDG 1, SUITE 200

City & State

MARIETTA, GEORGIA

Zip
30067

Country

United States

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

SEPTEMBER 10, 2004

6. FEI Number

20-1576351

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
William E. Baer

Street Address (P.O. Box Number is Not Acceptable)
221 SCENIC GOLF DRIVE

Suite, Apt. #, Etc.

City
MIRAMAR BEACH, FLORIDA

State
FL

Zip Code
32550

☒ 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

REGISTERED AGENT MUST SIGN

Date **4/24/2007**

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
MGR	WILLIAM E. BAER	101 VILLAGE PKWY, BLDG 1, SUITE 200	MARIETTA, GA 30067
MGRM	BRUCE BODE	3972 PRESTON COURT, NE	ATLANTA, GA 30319
MGRM	D. SCOTT KENNEY	3315 PINE MEADOW ROAD	ATLANTA, GA 30327
			05, 06, 07
			REINSTATEMENT

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 **4/24/2007**

Daytime Phone # **770-984-2312**

Typed or printed name of signing Managing Member/Manager

WILLIAM E. BAER