

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2008 OCT 15 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000020947

1. Limited Liability Company's Name  
Cinnamon Roll Investments, LLC

2. Principal Office Address - No P.O. Box #  
1012 Union Center Drive

Suite, Apt. #, etc.

City & State  
Alpharetta GA

Zip Country  
30004 USA

3. Mailing Office Address  
1012 Union Center Drive

Suite, Apt. #, etc.

City & State  
Alpharetta GA

Zip Country  
30004 USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

6 FEI#26-3461764 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  
M. Todd Burke

Street Address (P.O. Box Number is Not Acceptable)  
215 Grand Boulevard

Suite, Apt. #, Etc.  
Suite 101

City  
Sandestin

State Zip Code  
FL 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.

Spoke w/ Reinstatement Ofc. ok'd DM

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/07/08

**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 Coleman	1012 Union Center Drive	Alpharetta GA 30004

600136945796  
10/15/08--01022--007 \*\*416.25

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 608.408, 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

*[Signature]*

Date 10-8-08

Daytime Phone# 770-740-9739

Typed or printed name of signing Managing Member/Manager William Coleman

**REINSTATEMENT** 06-08  
AL