

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 PM 2:35

<b>DOCUMENT # L05000059631</b> 1. Entity Name CHRC INVESTMENTS 211, LLC					
Principal Place of Business 6050 PEACHTREE PKWY- SUITE 240-222 NORCROSS, GA 30092 <i>US</i> <span style="margin-left: 20px;">&gt; OLD ADDRESS</span>			Mailing Address 6050 PEACHTREE PKWY- SUITE 240-222 NORCROSS, GA 30092 <i>US</i> <span style="margin-left: 20px;">&gt; OLD ADDRESS</span>		
2. Principal Place of Business - No P.O. Box # 174 WATERCOLOR WAY Suite, Apt. #, etc. SUITE 201 City & State SANTA ROSA BEACH, FL Zip 32459 Country USA			3. Mailing Address 174 WATERCOLOR WAY Suite, Apt. #, etc. SUITE 201 City & State SANTA ROSA BEACH, FL Zip 32459 Country USA		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			04082008 REIN-LLC CR2E101 (1/07)		
6. Name and Address of Current Registered Agent HARMON, CHARLES 255 PELICAN CIRCLE, UNIT #6 PANAMA CITY BEACH, FL 32413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>[Signature]</i> DATE <i>4/6/08</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$277.50</b> <i># 282.50</i>		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	MGR HARMON, CHARLES 6050 PEACHTREE PKWY, SUITE 240-222 NORCROSS, GA 30092 <i>&gt; OLD ADDRESS</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARMON, CHARLES 174 WATERCOLOR WAY SUITE 201 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200123779232 04/16/08--01041--009 **282.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>2007.2008</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemptions contained in Chapter 119, 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 <i>[Signature]</i> DATE <i>4/6/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					