


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000056362	
1. Entity Name GGPST, LLC	

FILED

07 SEP 26 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O REI CAPITAL, LLC 2910 KERRY FOREST PARKWAY, SUITE D4-346 TALLAHASSEE, FL 32309	Mailing Address C/O REI CAPITAL, LLC 2910 KERRY FOREST PARKWAY, SUITE D4-346 TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box # 115 PENN WARREN DRIVE Suite, Apt. #, etc. SUITE 300, PMB 385 City & State BRENTWOOD, TN 37027 Zip 37027 Country WILLIAMSON	3. Mailing Address 115 PENN WARREN DRIVE Suite, Apt. #, etc. SUITE 300, PMB 385 City & State BRENTWOOD, TN Zip 37027 Country WILLIAMSON
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09202007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5087482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LIGHTSEY, ALTON L 2105 PARK AVENUE, NORTH WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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	MARM JOHN W. COLEMAN 115 PENN WARREN DR. STE 300 PMB 385 BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000109848210 09/24/07--01070--005 **100.00 <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
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REINSTATEMENT

2007 DB

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-21-07 615-661-4721

Date Daytime Phone #