

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 30 AM 10:05

DOCUMENT # L06000087763

1. Limited Liability Company's Name

314 PY, LLC

REINSTATEMENT 11-09 BSM

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>552 Ponte Vedra Blvd</u>		3. Mailing Office Address <u>3050 Peachtree Rd</u>	
Suite, Apt. #, etc. <u></u>		Suite, Apt. #, etc. <u>Suite 300A</u>	
City & State <u>Ponte Vedra Beach FL</u>		City & State <u>Atlanta Ga</u>	
Zip <u>32082</u>	Country <u>USA</u>	Zip <u>30305</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/6/06</u>	
6. FEI Number <u>20-5493228</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Fisher, Tousey, Leas & Roll, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>818 North A2A</u>	
Suite, Apt. #, Etc. <u>Suite 104</u>	
City <u>Ponte Vedra Beach</u>	State Zip Code <u>FL 32082</u>

☒ 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 Mary Carter Vice President
REGISTERED AGENT MUST SIGN

Date 16 March 2009

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
<u>Mgr</u>	<u>Ben M. Carter</u>	<u>3050 Peachtree Rd Ste 300A</u>	<u>Atlanta Ga 30305</u>
			<u>03/31/09--01003--005 **33.25</u>
			<u>700146066217</u>
			<u>03/18/09--01003--010 **382.50</u>

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 Ben M. Carter Date 3-11-09 Daytime Phone # 404-869-2800

Typed or printed name of signing Managing Member/Manager Ben M. Carter

8-14092