## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DIVISION OF CORPORATION DOCUMENT # L06000088733 U OF M GRADUATES, LLC 08 FEB 19 PM 1: 25 Principal Place of Business Mailing Address 41 STAMP MILL COURT 41 STAMP MILL COURT DAHLONEGA, GA 30533-6189 DAHLONEGA, GA 30533-6189 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 REIN-LLC CR2E101 (1/07) Applied For City & State City & State Not Applicab Country \$5.00 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN COMMERCIAL PROPERTIES, INC. Street Address (P.O. Box Number is Not Acceptable) 3753 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257 City 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. (NOTE: Registered Agent eignature required where reim Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 Florida Department of State liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Change Additio Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>000117624080</u> 02/08/08--01034--002 \* \* 2 7 Change Additic ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Additk NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP nne ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additic TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additie TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SECRETARY OF STATE

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 cath; that I am a managing member or manager of the ilmited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.