PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 11 OCT -5 AM 11: 47 ~ALT AHASSEE, FLORIDA |

DOCUMENT # L08000036894

1. Corporation Name

Ocean Sands Properties, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	**REINSTATEMENT** 09-11
EDGEWATER TOWER III	1201 W PEACHTREE ST NW	
Suite, Apt. #, etc. 614	Suite, Apt. #, etc. 3000	4. Date Incorporated or Qualified To Do Business in Florida 4/6/2008
City & State PANAMA, FL	City & State Atlanta	5. FEI Number ☐ Applied For ☑ Not Applicable
Zip 32402	Country	Zip 30309	Country	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

| 7. Name and Address of Current Registered Agent |
| Name **CT CORPORATION SYSTEM** |
| Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD |
| Suite, Apt. #, Etc. |
| City PLANTATION | State FL | Zip Code 33324 |

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Danny Verdecchia Jr Asst Secretary REGISTERED AGENT MUST SIGN   Date 10/04/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Robert Vansant	8446 Campbellton Street	Douglasville, GA 30134

10. E-mail Address: eshaw@tpclg.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _Marc J. Dearth, Attorney-in-Fact_ 10/4/11 404-389-4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #