


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Limited Liability Company CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L94000000053**1. Corporation Name**

Sobetac, L.C.

2. Principal Office Address

3039 Premiere Parkway

3. Mailing Office Address

3039 Premiere Parkway

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30097

Country

USA

Zip

30097

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/03/1994

5. FEI Number

650478626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Lidsky

Street Address (P.O. Box Number is Not Acceptable)

145 E. 49th Street

Suite, Apt. #, Etc.

City

Hialeah, FL

State
FLZip Code
33013**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

REGISTERED AGENT MUST SIGN

Date 04/15/2004

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
P / S	Alex J. Campos	3039 Premiere Parkway; Ste 100	Duluth, GA 30097
V.P.	Michael York	3030 Premiere Parkway; Ste 100	Duluth, GA 30097

REINSTATEMENT

2003-04

10. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

678-473-0484 Ex 501

CR25CB1 (01/04)