

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001493

1. Limited Liability Company's Name

Good Tidings III, L.C.

2. Principal Office Address

5344 Gawley River Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5344 Gawley River Dr.

Suite, Apt. #, etc.

City & State

Stone Mountain, GA

City & State

Stone Mountain, GA

Zip

30087

Country

America

Zip

30087

Country

America

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

58-2382612

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James Barth, Attorney

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

30 South Shore Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

100004762481-1

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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

James C. Barth

Date *11/29/01*

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ken Goss	5344 Gawley River Dr.	Stone Mountain, GA 30087

REINSTATEMENT

9/11/01

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

Ken Goss, MANAGER

Date *11/19/01*

Daytime Phone # *770-938-2035*

Typed or printed name of signing Managing Member/Manager

KEN GOSS, MANAGER

CR2001 (9/01)