

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 26 PM 4:08

DOCUMENT # L98000001493

1. Limited Liability Company's Name

Good Tidings III, LC

2. Principal Office Address

5344 Gauley River Dr.

Suite, Apt. #, etc.

City & State

Stone Mountain, GA

Zip

30087

Country

USA

3. Mailing Office Address

5344 Gauley River Dr.

Suite, Apt. #, etc.

City & State

Stone Mountain, GA

Zip

30087

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/18/1998

6. FEI Number

582383789

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James C. Barth

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

30 South Shore Dr.

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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 1/21/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------------|
| MGR. | Ken Goss | 5344 Gauley River Dr. | Stone Mountain, GA 30087 |
| MGRM | Kevin Mathis | 5344 Gauley River Dr. | Stone Mountain, GA 30087 |
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FF \$250.00

REINSTATEMENT 2002-2004

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

Date

1-20-04

Daytime Phone # (770) 938-2035

Typed or printed name of signing Managing Member/Manager Ken Goss