

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
00 AUG 16 AM 9:52
8/18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 198000001827

1. Limited Liability Company's Name

POMPANO LAND, L.L.C.

2. Principal Office Address

600 W. PEACHTREE STREET

Suite, Apt. #, etc.

SUITE 1200

City & State

ATLANTA, GEORGIA

Zip

30308

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/14/98

6. FEI Number

58-2421261

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

MARK L. ROSEN, ESQ.

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

18250 NW 2ND AVENUE

Suite, Apt. #, Etc.

SUITE G

City

MIAMI

State
FL

Zip Code
33169

000003369760-8

-08/23/00-01077-002

****200.00 ****200.00

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

REGISTERED AGENT MUST SIGN

Date 7.25.00

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	FRED ZOHOURI	600 W. PEACHTREE STREET	ATLANTA, GEORGIA 30308
		SUITE 1200	
			1999 -
		REINSTATEMENT	2000

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

Date

Daytime Phone # 404.685.4244

Typed or printed name of signing Managing Member/Manager

FRED ZOHOURI