

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002705

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 AM 11:06

DOCUMENT # L98000002705

1. Limited Liability Company's Name

NORTH LAGOON ROAD, L.L.C.

9/29/00 ✓

2. Principal Office Address

8528 Oxford Drive

Suite, Apt. #, etc.

City & State

Knoxville, TN

Zip

37922

Country

USA

3. Mailing Office Address

8528 Oxford Drive

Suite, Apt. #, etc.

City & State

Knoxville, TN

Zip

37992

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/16/98

6. FEI Number

☒ 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

Donald F. Nations

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

1366 W. 15th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Donald F. Nations

Date

4/27/01

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
MEM	Sheila G. White	1017 Cedar Hill Road	Knoxville, TN 37919
MNG MEM	Robert H. Latimer	1026 Cedar Hill Road	Knoxville, TN 37919
MEM	Donald F. Nations	1366 W. 15th Street	Panama City, FL 32401
MEM	Bonnie B. Cauthen	95 Country Club Dr. West	Destin, FL 32541
MEM	Charles N. Crowder	1115 Mid-Broadwell	Alpharetta, GA 30004
MEM	Andrew L. Robinson	1528 Millington Road	Columbus, GA 31904

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

R. H. Latimer

Date

4/30/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)