

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED
FILED AND
02 OCT 29 AM 9:34
02 OCT 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000003106

Name and Mailing Address

0008204 01 FP 0.352 **PRSR T5 0 0615 70112-142150

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CAPITAL CENTER-NEW ORLEANS, L.L.C.

830 UNION STREET, SUITE 200

NEW ORLEANS LA 70112-1421

REINSTATEMENT

2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

506 MANCHESTER EXPRESSWAY, SUITE B-5
COLUMBUS GA 31904

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/07/1998

6. FEI Number

72-1435287

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

City

0000008670930

10/29/02--01099--009 **150.00

FL

Zip Code

10. 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

Barbara A. Burke

SPECIAL ASSISTANT SECRETARY

Date 10/25/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WHITE, JOHN F JR.	830 UNION STREET, SUITE 200	NEW ORLEANS LA 70112

12. 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 608.06, 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

John F. White Jr.

Date 10-23-02 Daytime Phone # 504-524-8602

Typed or printed name of signing Managing Member/Manager

John F. White Jr.

CR2E084 (8/02)