

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT 2000

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

DEC 20 AM 11:09

nf

DOCUMENT # L99000000111

1. Limited Liability Company's Name

HCCCB, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1380 WEST PALMS FERRY RD

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip

30327

Country

USA

3. Mailing Office Address

1380 W. PALMS FERRY RD.

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip

30327

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01-06-99

6. FEI Number

58-2437612

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

JAMIE V. FORBES

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

35008 EMERALD COAST PARKWAY 10065 Emerald Coast Hwy

Suite, Apt. #, Etc.

SUITE 400 C-4

City

DESTIN

State

FL

Zip Code

32550-32541-4920

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

12/11/00

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
MR.	M. BRANTLEY BARROW	1380 W. PALMS FERRY RD.	ATLANTA, GA 30327

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

11/22/00

Daytime Phone #

404/264-0404

Typed or printed name of signing Managing Member/Manager M. BRANTLEY BARROW

CR2E041 (9/99)