

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

02 MAY 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003892

1. Limited Liability Company's Name

LA MACK + ASSOCIATES
LLC

400005677194--8
-06/04/02--01037--008
****205.00 ****205.00

2. Principal Office Address

315 OLD DUNN CT

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2233

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

ALPHARETTA GA

Zip

32746

Country

USA

Zip

30023

Country

USA

4. State/Country of Formation

FL - SEMINOLE

5. Date Organized or Qualified
To Do Business in Florida

6/28/99

6. FEI Number

59-3599718

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

LA MAR MACK

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

315 OLD DUNN COURT

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

[Signature]

Date 5/10/02

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
<u>Mgr</u>	<u>LaMar Mack</u>	<u>315 Old Dunn Ct.</u>	<u>Lake Mary, FL 32746</u>

REINSTATEMENT

05-02-02
ack

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

[Signature]

Date 5/10/02

Daytime Phone #

770-360-1234

Typed or printed name of signing Managing Member/Manager

K. LAMAR MACK

CR2E041 (9/01)