

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV - 1 PM 11:02

DOCUMENT # **199000006036**
 1. Limited Liability Company's Name
ATLANTA-DESTIN PARTNERS, L.L.C.

2. Principal Office Address 736 EAGLE MILL COURT		3. Mailing Office Address 736 EAGLE MILL COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARIETTA, GA		City & State MARIETTA, GA.	
Zip 30068	Country COBB	Zip 30068	Country COBB

4. State/Country of Formation GEORGIA / COBB	
5. Date Organized or Qualified To Do Business in Florida SEPT. 29, 1999	
6. FEI Number 58-2495674	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JAMES C. BARTH	000003456860-0 -11/08/00--01025--025 *****50.00 *****50.00
Street Address (P.O. Box Number is Not Acceptable) 30 SOUTH SHORE DRIVE	
Suite, Apt. #, Etc.	
City DESTIN	State FL
	Zip Code 32541

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 Date **10/24/00**
 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
MGR	DENNIS JONES	2050 ROSWELL RD.	MARIETTA, GA 30062

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 **10/18/00** Daytime Phone # **770/973-9700**
 Typed or printed name of signing Managing Member/Manager **DENNIS JONES**

CR2E041 (9/00)