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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 13 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name
Cortez Avenue, LLC

9/28/01

2. Principal Office Address	3. Mailing Office Address
5600 Roswell Road	5600 Roswell Road
Suite, Apt. #, etc. Suite 226 Prado North	Suite, Apt. #, etc. Suite 226 Prado North
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30342 Country Fulton	Zip 30342 Country Fulton

4. State/Country of Formation: Georgia
5. Date Organized or Qualified To Do Business in Florida: 4/14/2000
6. FEI Number: 58-2548840 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: ~~CT Corporation System~~ Andrew Service Corporation of Florida
Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street
Suite, Apt. #, Etc.: Suite 2100
City: Tampa State: FL Zip Code: ~~33274~~ 33602

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: by [signature] Vice President Date: 1.10.2003
REGISTERED AGENT MUST SIGN: Joseph D. Edwards

CR2E041 (5/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gates Members, Inc.	5600 Roswell Road, Suite 226 Prado N.	Atlanta, GA 30342
	REINSTATEMENT 2001-2003		

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 608.408, 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: 1/7/2003 Daytime Phone # 404-250-1655

Typed or printed name of signing Managing Member/Manager: Gates Members, inc. by J. Stephen Vasen, President

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