

APPROVE
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAR -4 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001520

1. Limited Liability Company's Name

Tall Cotton, LLC

REINSTATEMENT

2002-
2003

2. Principal Office Address

4224 Preserve Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

4224 Preserve Pl.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Palm Harbor, Fla.

Zip

34685

Country

US

Zip

34685

Country

US

4. State/Country of Formation

FLA/US

5. Date Organized or Qualified
To Do Business in Florida

8/2/2000

6. FEI Number

58-2482387

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

Patrick K. Guy

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

4224 Preserve Pl.

Suite, Apt. #, Etc.

City

Palm Harbor,

State

FL

Zip Code

34685

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

Patrick K. Guy

REGISTERED AGENT MUST SIGN

Date 2/24/03

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
MM	Patrick K. Guy	4224 Preserve Pl.	Palm Harbor, FL 34685
MM	Richard J. Storrs	1355 Peachtree St., S.W. 1570 Atlanta, Ga 30309	
			200013141922
			03/04/03--01065--001 **50.00
			JB

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

Richard J. Storrs

Date 2/24/03

Daytime Phone#

404-872-1838

Typed or printed name of signing Managing Member/Manager

Richard J. Storrs

CR2E041 (10/02)