

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

REINSTATEMENT

2001

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

M-2331

Image Properties, LLC

2. Principal Office Address

4300 North Point PKY
Suite, Apt. #, etc.

3. Mailing Office Address

4300 North Point PKY
Suite, Apt. #, etc.

City & State

Alpharetta GA

Zip Country

30022

USA

City & State

Alpharetta GA

Zip Country

30022

USA

4. State/Country of Formation

South Carolina / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

58-2225328

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

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

600004663036-8

-11/01/01--01064--005

****150.00 ****150.00

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

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
Pres.	John K. Luke	4300 North Point PKY	Alpharetta GA 30022
CEO	Gene Venesky	4300 North Point PKY	Alpharetta GA 30022

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

John K. Luke

Date

10/24/01

Daytime Phone #

770-300-0101

Typed or printed name of signing Managing Member/Manager

John K. Luke