

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -1 PM 2:40

DOCUMENT # MD1000002691

1. Limited Liability Company's Name

Hollie Properties LLC

000118952810  
02/27/08--01039--013 \*\*793.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

799 Virginia Circle

Suite, Apt. #, etc.

3. Mailing Office Address

799 Virginia Circle

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30306

Country

US

Zip

30306

Country

US

4. State/Country of Formation

Florida US

5. Date Organized or Qualified

To Do Business in Florida 2-14-2008

6. FEI Number

58-2423636

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

Scott Bouldin

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

Suite, Apt. #, Etc.

6400 South Dixie Hwy

City

West Palm Beach

State

FL

Zip Code

33405

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Scott Bouldin

Date 2-19-2008

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
MEM	Whitmore, John C	799 Virginia Circle	Atlanta GA 30308
MEM	Bouldin, P. Scott	799 Virginia Circle	Atlanta GA 30308

REINSTATEMENT

04-08/08

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 C Whitmore

Date 2-19-2008

Daytime Phone #

754-581-2717

Typed or printed name of signing Managing Member/Manager