

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M01000002691

Name and Mailing Address

0007288 01 FP 0.352 **PRSRT T2 0 0615 30306-371399



HOLLY PROPERTIES, LLC
799 VIRGINIA CIRCLE
ATLANTA GA 30306-3713

02 DEC 26 PM 4:42

SECRETARY OF STATE
DIVISION OF CORPORATIONS
900009689839
12/26/02--01034--001 **150.00



12/26 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation GA	
Principal Place of Business 799 VIRGINIA CIRCLE ATLANTA GA 30306		5. Date Organized or Qualified To Do Business in Florida 11/29/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-2423636 Applied For Not Applicable	
8. Name and Address of Current Registered Agent WHITMORE, JOHN C JR. 6400 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>P. Scott Bouldin</u> Date <u>12-18-02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WHITMORE, JOHN C JR.	799 VIRGINIA CIRCLE	ATLANTA GA 30306
MGRM	BOULDIN, P. SCOTT	799 VIRGINIA CIRCLE	ATLANTA GA 30306

12. 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 P. Scott Bouldin Date 12-18-02 Daytime Phone # 561-585-7720

Typed or printed name of signing Managing Member/Manager

P. Scott Bouldin

CR2E084 (8/02)