

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002237

Name and Mailing Address

0015936 01 MB 0.309 **AUTO T9 0 0615 31792-810199

GREATER MARATHON BAY COMPANY, LLC
329 N. BROAD STREET
THOMASVILLE GA 31792-8101



2. New Mailing Address

P.O. Box 997

City, State, Zip

Thomasville, GA. 31799-0997

Principal Place of Business

329 N. BROAD STREET
THOMASVILLE GA 31792

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

08/26/2002

6. FEI Number

51-0416298

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

PULIS, JAY
171 ORANGE AVENUE
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name

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

000024492210

11/06/03--01072--005 **155.00

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-3-03

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
MGR	FLOWERS, LANGDON	329 B. BROAD STREET	THOMASVILLE GA 31792

REINSTATEMENT

03 Nov
dec

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

[Signature]
SIGNATURE REQUIRED

Date 10/24/03

Daytime Phone # 229-228-6100

Typed or printed name of signing Managing Member/Manager

Langdon Flowers, Jr