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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
2614 E. HENRY AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

RECEIVED
10 JUN 17 AM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JUN 17 AM 8:29
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TALLAHASSEE, FLORIDA

G. MCLEOD
JUN 18 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

2614 E. Henry Avenue LLC

REINSTATEMENT 200810 [Signature]

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 133 PEACHTREE STREET		3. Mailing Office Address 133 PEACHTREE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ATLANTA GA		City & State ATLANTA GA	
Zip 30303	Country USA	Zip 30303	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 10/25/2002	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status	

B. Name and Address of Current Registered Agent

Name C T CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
Suite, Apt. #, Etc.			
City PLANTATION	State FL	Zip Code 33324	

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: [Signature] Date: **6/10/2010**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GEORGIA- PACIFIC LLC	133 PEACHTREE STREET, 43RD FLOOR,	ATLANTA GA 30303

11. E-mail Address: **ctone.meyer@brotherslaw.com**

(To be used for future annual reports notifications)

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] Date: **6/10/2010** Daytime Phone #: **877-858-3855**
Typed or printed name of signing Managing Member/Manager: **GEORGIA- PACIFIC, LLC**