

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M02000002820**

1. Limited Liability Company's Name

**AARON VENTURES I, LLC**

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

**1015 Cobb Place Boulevard**

Suite, Apt. #, etc.

City & State

**Kennesaw, GA**

Zip

**30144-3672**

Country

**USA**

3. Mailing Office Address

**309 East Paces Ferry Road, 8th Floor**

Suite, Apt. #, etc.

City & State

**Atlanta, GA**

Zip

**30305**

Country

**USA**

4. State/Country of Formation

**Georgia**

5. Date Organized or Qualified  
To Do Business in Florida

**10/25/2002**

6. FEI Number  
**562289070**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

☐ 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

*Aminda Roath*

**Aminda Roath  
As its agent**

Date

**04/09/08**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MGRM   | R. Charles Loudermilk, Sr.           | 309 East Paces Ferry Road, 8th Floor              | Atlanta, GA 30305   |
| MGRM   | William K. Butler                    | 309 East Paces Ferry Road, 8th Floor              | Atlanta, GA 30305   |
| MGRM   | James L. Cates                       | 309 East Paces Ferry Road, 8th Floor              | Atlanta, GA 30305   |
| MGRM   | Robert C. Loudermilk, Jr.            | 309 East Paces Ferry Road, 8th Floor              | Atlanta, GA 30305   |
|        | <b>REINSTATEMENT 2005-2008</b>       |   | <b>400122878234</b> |

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 **/s/: James L. Cates**

Date

**04/09/2008**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**James L. Cates, MGRM**



CORPORATION SERVICE COMPANY

M02UUUUU2820

08 APR 10 AM 10:48

ACCOUNT NO. : 072100000032  
REFERENCE : 522880  
TALLAHASSEE, FLORIDA

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 660.00

ORDER DATE : April 9, 2008

ORDER TIME : 8:47 AM

ORDER NO. : 522880-005

CUSTOMER NO: 5058704

REINSTATEMENT

NAME: AARON VENTURES I, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS

*[Signature]*

FILED  
08 APR 10 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
08 APR 10 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA