

M03000001832

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -9 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

SPC McLeod, LLC

04

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

30 Ivan Allen Jr. Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

30 Ivan Allen Jr. Blvd

Suite, Apt. #, etc.

City & State

Atlanta, GA 30308

Zip
30308

Country

USA

City & State

Atlanta, GA 30308

Zip

30308

Country

USA

4. State/Country of Formation

DE/USA

5. Date Organized or Qualified
To Do Business in Florida

6-4-03

6. FEI Number

20-0881888

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, hereby affirm with the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Joyce L. Markley

REGISTERED AGENT MUST SIGN

Joyce L. Markley
as its agent

Date 3/9/07

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
Pres + CEO	Ronnie L. Bates	30 Ivan Allen Jr. Blvd	Atlanta, GA 30308
Treas	Chris J. Kysar	30 Ivan Allen Jr. Blvd	Atlanta, GA 30308
Sec.	Sam H. Dabbs, Jr.	30 Ivan Allen Jr. Blvd	Atlanta, GA 30308

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REINSTATEMENT 2004-2007

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

Sam H. Dabbs, Jr.

Date 2/28/07

Daytime Phone #

404-506-0595

Typed or printed name of signing Managing Member/Manager

Sam H. Dabbs, Jr.