FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 9:52

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001559

1. Entity Name
OVERDRAFT, LLC

Principal Place of Business	Mailing Address
5370 OAKDALE RD SMYRNA, GA 30082	5370 OAKDALE RD SMYRNA, GA 30082

11022005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3300 Cumberland Blvd Suite, Apt. #, etc. Suite 400
City & State	City & State Atlanta, GA
Zip / Country	Zip 30339 / Country Cobb

4. FEI Number 20-1024135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Allan Farnell, Assistant Vice President Nov 2, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for filing reinstatement) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALLACE, JAMES C JR 5370 OAKDALE RD SMYRNA, GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100061443301 11/15/05--01060--013 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALLACE, JAMES C III 5370 OAKDALE RD SMYRNA, GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TEEL, GORDON 11605 HAYNES BRIDGE RD, STE 575 ALPHARETTA, GA 30004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3300 Cumberland Blvd, Ste 400 Atlanta, GA 30339
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 11/9/05 678-746-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #