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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
FACILITIES PERFORMANCE GROUP, L.L.C.

Certificate of Status	1
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J. BRYAN
JUN 14 2010
EXAMINER

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000000221

1. Limited Liability Company's Name
Facilities Performance Group, L.L.C.

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3091 Governors Lake Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
450	Same
City & State	City & State
Norcross, GA.	Same
Zip / Country	Zip / Country
30071 / USA	Same / Same

4. State/Country of Formation: Oklahoma
5. Date Organized or Qualified To Do Business in Florida: 1/12/2006
6. FEI Number: 73-1556542 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED: ☒ $5.00 Add'l Fee (optional)

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
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 605, F.S.

Signature of Registered Agent: Michael Seraphin Michael Seraphin Asst. Secretary Date: 6/11/10
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
Pres.	Marcus A. Watson	3091 Governors Lake Dr. Ste. 450	Norcross, GA. 30071
VP	Joseph Thomas	3091 Governors Lake Dr. Ste. 450	Norcross, GA. 30071

REINSTATEMENT 2008-10

11. E-mail Address: _____
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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: 6/11/2010 Daytime Phone #: 770-790-9991

Typed or printed name of signing Managing Member/Manager: Joseph Thomas

FL111 - 06/03/2010 CT System Online