

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV -6 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10302007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5462557
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STEVOFF, DAVID B
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, SUITE 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE MGR ☒ Change ☒ Addition
NAME Kris Bostick
STREET ADDRESS 5910 N. Central Expressway Ste 400
CITY-ST-ZIP Dallas, TX 75206

TITLE MGR ☒ Delete
NAME KELLER, JOY J
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, SUITE 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE ☐ Change ☐ Addition
NAME 600111991756
STREET ADDRESS 11/05/07--01017--015 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MAHAN, MICHAEL G
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, SUITE 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE ☐ Change ☒ Addition
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ROSS, CURT
STREET ADDRESS 2859 PACES FERRY ROAD, NW, SUITE 1500
CITY-ST-ZIP ATLANTA, GA 30339

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kris Bostick 11-02-07 214-561-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #