

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100213966591
11/23/11--01030--001 **70.75

CR2E041 (1/11)

DOCUMENT # MD70000003852

1. Limited Liability Company's Name

ATLANTA Real Estate Solutions, LLC

W11-50008

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

2225 18th Street South

Suite, Apt. #, etc.

3. Mailing Office Address

2225 18th Street South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33712

Country

USA

City & State

FL, St Petersburg

Zip

33712

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

6/22/07

6. FEI Number ETN

26-0331303

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

100213966591
11/03/11--01004--010 **306.75

Dezball7@yahoo.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Desmond F. Ballard

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

2225 18th Street South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33712

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

Desmond F. Ballard

Date 10/27/2011

REGISTERED AGENT MUST SIGN

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
<u>Managing CEO</u>	<u>Desmond Ballard</u>	<u>2225 18th Street South</u>	<u>St. Petersburg FL 33712</u>
<u>Administrative</u>	<u>BRENDA J. WAY-WALTERS</u>	<u>5649 Westview Dr.</u>	<u>Orlando, FL 32810</u>

L. SELLERS

DEC 7 2011

REINSTATEMENT 10-11

EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Desmond F. Ballard

Date 10/27/2011

Daytime Phone # 727-709-0618

Typed or printed name of signing Managing Member/Manager