Division of Corporations

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
PKY LINCOLN PLACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
16 OCT 24 AM 10: 14

DOCUMENT # M13000007725

1. Limited Liability Company's Name
PKY Lincoln Place, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
191 Peachtree Street, NE	191 Peachtree Street, NE
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30303 Country: USA	Zip: 30303 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/09/2013

6. FEI Number: 46-2527454 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee required for a Certificate of Status

Name of New Registered Agent
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
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: Jin Song Jin Song Assistant Secretary Date: 10/13/2016
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Cousins Lincoln Place Holdings, LLC	191 Peachtree Street, NE, Suite 500	Atlanta, GA 30303

REINSTATEMENT 2014

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

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 10/13/16 Daytime Phone #: 404-407-1000

Typed or printed name of signing Authorized Representative/Manager: Jennifer K. Hogan