

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M95000000063

1. Limited Liability Company's Name  
Metropolitan Land Associates, LLC

2. Principal Office Address 1660 Mt. Vernon Road Suite, Apt. #, etc. Suite 200 City & State Atlanta, GA Zip 30338		Country USA		3. Mailing Office Address P.O. Box 3369 Suite, Apt. #, etc. City & State Duluth, GA Zip 30096		Country USA	
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4. State/Country of Formation Georgia/USA	
5. Date Organized or Qualified To Do Business in Florida 03/14/95	
6. FEI Number 58-2161953	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 Road	
Suite, Apt. #, Etc. 1996-2005	
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 608, F.S.

Signature of Registered Agent: Joan Bolden JOAN BOLDEN Date: 7/8/05  
REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

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
Mgrm	H. Ray McPhail	1660 Mt. Vernon Rd, St 200	Atlanta, GA 30338

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.

Signature of Managing Member/Manager: H. Ray McPhail Date: 07/07/05 Daytime Phone #: (678) 579-9139  
Typed or printed name of signing Managing Member/Manager: H. Ray McPhail

CR2E041 (10/02)