


APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #M95000000202**

Megan/GN&W Properties, L.L.C. Limited Liability Company
1800 Lake Park Drive, Suite 100
Smyrna, Georgia 30080

1a. Principal Place of Business Address

1800 Lake Park Drive, Suite 100
Smyrna, Georgia 30080

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
7-03-95	Georgia
4. FEI Number	<input type="checkbox"/> Applied For
58-2148440	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Intrastate Registered Agent Corp.
701 Brickell Avenue, Ste. 3000
Miami, FL 33131

8. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, etc. **REINSTATEMENT**

City **FL** Zip Code _____

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.

INTRASTATE REGISTERED AGENT CORP.

Signature of Registered Agent *[Signature]* Date **12-2-96**

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mgr	Maddock, Gary L.	1800 Lake Park Dr., #100	Smyrna, GA 30080
Mgr	Wagley, Donald A.	1800 Lake Park Dr., #100	Smyrna, GA 30080

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12-23-96

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 *[Signature]* Date **11/13/96** Daytime Phone **#770 432 2284**

Typed or printed name of signing Managing Member/Manager **Donald A. Wagley, Mgr.**