

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

96 DEC 23 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT #M95000000203

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

1a. Principal Place of Business Address

1800 Lake Park Drive, #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

3. Date Organized or Qualified

7/3/95

3a. State of Formation

Georgia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

58-2148438

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

3875 Additional Fee Required ☒

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, etc.

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.

Signature of
Registered Agent

INTRASTATE REGISTERED AGENT CORP.
By: *[Signature]*

Date

12/2/96

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Mgr Maddock, Gary L.

1800 Lake Park Dr., #100

Smyrna, Georgia 30080

Mgr Wagley, Donald A.

1800 Lake Park Dr., #100

Smyrna, Georgia 30080

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****747.50 ****747.50

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.