M95000000321

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # M95000000321

Focus River Bridge, LLC
Three Piedmont Center - St 710
3565 Piedmont Rd
Atlanta, GA 30305

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

1a. Principal Place of Business Address

same

2 Principal Place of Business

same

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 10/30/95

3a. State of Formation:

4. FEI Number: 58-2197711

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 3/3/97

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

8. Name and Address of New Registered Agent

Name

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

FLORIDA DEPARTMENT OF STATE
-05/04/99--01059--001
****877.50 ****877.50

Suite, Apt. #, etc.

City | Zip Code

FL

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: Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date: 4-23-99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
member	Michael Blonder	same as above	same as above
member	Eduard de Guardiola	"	"

98-99

11. I certify that I am managing member/manager or the reciever 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: 31 mar 99 Daytime Phone #: 404·816·6300

Typed or printed name of signing Managing Member/Manager: Eduard de Guardiola

CR2EO41 12/98