

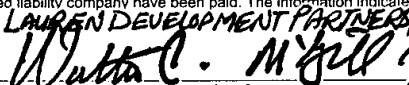


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 26 PM 4:15	
DOCUMENT # M96 000 000 113					
1. Limited Liability Company's Name SOUTHERN DEVELOPMENT PARTNERS, L.L.C. <div style="text-align: right;">10/14/99</div>					
2. Principal Office Address 645 HEMBREE PARKWAY SUITE A ROSWELL, GA 30076 USA		3. Mailing Office Address 645 HEMBREE PARKWAY SUITE A ROSWELL, GA 30076 USA		4. State/Country of Formation GEORGIA UNITED STATES	
				5. Date Organized or Qualified To Do Business in Florida 4/9/96	
				6. FEI Number 582227716 <div style="display: flex; justify-content: space-between;">7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>\$300 Additional Fee required for a Certificate of Status</div>	
8. Name and Address of Current Registered Agent					
Name: FLAGSHIP PROPERTY MANAGEMENT					
Street Address (P.O. Box Number is Not Acceptable): 4000-B ST. JOHN AVENUE					
Suite, Apt. #, Etc.: SUITE 22					
City: JACKSONVILLE				State: FL	Zip Code: 32205
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:  Date: 11/21/01 REGISTERED AGENT MUST SIGN					
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	LAUREN DEVELOPMENT PARTNERS, LLC	645 HEMBREE PARKWAY STE A	ROSWELL, GA 30076		
REINSTATEMENT 1999-2001					
Rein 100 990BR 50 000BR 50 010BR 50 CUS 5 255.00 14					
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:  Date: 11-15-01 Daytime Phone #: 770 664 0806 MANAGING MEMBER					
Typed or printed name of signing Managing Member/Manager: LAUREN DEVELOPMENT PARTNERS, LLC. WATERC. McQUELL JR. managing member					

CR2E041 (9/00)