PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M96-355

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****200.00 ****200.00

1. Limited Liability Company's Name

CHARTER, G.P., L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
1076 STOVALL BLVD	1076 STOVALL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ATLANTA, GA	ATLANTA, GA.
Zip 30319 Country USA	Zip 30319 Country USA

4. State/Country of Formation: GA.

5. Date Organized or Qualified To Do Business in Florida: 8/28/96

6. FEI Number: N/AE ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NICHOLAS N. SEARS

Street Address (P.O. Box Number is Not Acceptable): 5601 UNIVERSITY CLUB BLVD. NORTH

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32277

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 OCT 24, 2001

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	KELLY T. LINDSLEY	1076 STOVALL BLVD	ATLANTA, GA. 30319
MGRM	CURT FENELON	200 EXECUTIVE WAY, #210	PONTE VEDRA, FL. 32082
		REINSTATEMENT 00-01	

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: Curt Fenelon Date: 10/28/01 Daytime Phone #: 904-280-2235

Typed or printed name of signing Managing Member/Manager: CURT FENELON