

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000561

Name and Mailing Address

0007239 01 FP 0.352 **PRSR T2 0 0615 30005-226905
APARTMENT MEDIWORKS, L.L.C.
1720 WINDWARD CONCOURSE, SUITE 430
ALPHARETTA GA 30005-2269

400009788544
01/02/03--01058--003 **150.00



2. New Mailing Address
4. State/Country of Formation DE
5. Date Organized or Qualified To Do Business in Florida 06/03/1998
3. New Principal Place of Business Address
6. FEI Number 37-1352928
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301
9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

10. 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 Deborah D. Skipper
Deborah D. Skipper
Asst. V. Pres.
Date 12/30/02

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for RADER, BRYAN J; KAGAN, JOEL H; Warner, John; Daraviras, Nicholas; SCHEUER, HERBERT M JR.; FRIEDMAN, BRIAN P.

REINSTATEMENT

12. 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.
Signature of Managing Member/Manager By J. Ned
Date 12.20.02
Daytime Phone # 678-366-9900

CR2E084 (8/02)