

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # M99000000187

1. Limited Liability Company's Name

Palm Bay Associates, LLC

2. Principal Office Address

3841 Green Hills Village Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Nashville TN 37215

Zip

Country

3. Mailing Office Address

3841 Green Hills Village Dr.

Suite, Apt. #, etc.

Suite 400

City & State

Nashville TN 37215

Zip

Country

4. State/Country of Formation

Tennessee

**5. Date Organized or Qualified
To Do Business in Florida**

February 5, 1999

6. FEI Number

62-1770882

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

Jack B. Spira

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

5205 Babcock Street NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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

REGISTERED AGENT MUST SIGN

Date 11/15/00

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
Mem.	Newton Oldacre McDonald, LLC	3841 Green Hills Village Dr. Suite 400	Nashville TN 37215
Mem.	Phoenix Associates, L.L.C.	1410 Kensington Square Ct. # 101	Murfreesboro TN 37130
Mgr.	Mark McDonald	3841 Green Hills Village Dr. Suite 400	Nashville TN 37215
Mgr.	Robert A. Martin	1410 Kensington Square Ct. # 101	Murfreesboro TN 37130

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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 statement application the reason for dissolution has been examined, the limited liability company name satisfies the requirements of section 608.406, F.S., and that 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 under oath.

Signature
Managing Member/Manager

Date 10.31.2000

Daytime Phone # (615) 269-5444

Printed name of signing Managing Member/Manager Mark McDonald