

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 FEB -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # 1199000000191

1. Limited Liability Company's Name

Foundation Capital Growth & Income Fund I, L.L.C

2. Principal Office Address

999 Peachtree St. Ste 2670

Suite, Apt. #, etc.

City & State

Atlanta, Georgia

Zip

30309

Country

USA

3. Mailing Office Address

999 Peachtree St Ste 2670

Suite, Apt. #, etc.

City & State

Atlanta, Georgia

Zip

30309

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida

February 4, 1999

6. FEI Number

58-2405325

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

Rodger E. Rees

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

7300 Gulf Drive

Suite, Apt. #, Etc.

City

Holmes Beach

State
FL

Zip Code
34217

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

Rodger E. Rees, Pres.

REGISTERED AGENT MUST SIGN

Date 1/17/01

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
Mgt	Rodger E. Rees	999 Peachtree Street, Ste 2670	Atlanta, GA 30309

REINSTATEMENT

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

Rodger E. Rees, Pres.

Date 2/1/02

Daytime Phone # 404.876.3938

Typed or printed name of signing Managing Member/Manager