PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

M99000000755

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN -5 PM 12:11

DOCUMENT # M99000000755

1. Limited Liability Company's Name

GEORGIA PLAZA, LLC

Cross reference: PLAZA MANAGEMENT, LLC

2. Principal Office Address	3. Mailing Office Address
1050 Edmiston Place	1050 Edmiston Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32779 Country: USA	Zip: 32779 Country: USA

4. State/Country of Formation: GA

5. Date Organized or Qualified To Do Business in Florida: MAY 8, 1995 5/17/99

6. FEI Number: 59-3542259 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Applies for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: William A. Abruzzino

Street Address (P.O. Box Number is Not Acceptable): 1050 Edmiston Place

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****205.00 ****205.00

Suite, Apt. #, Etc:

City: Longwood State: FL Zip Code: 32779

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: William Abruzzino Date: JANUARY 4, 2001
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	William A. Abruzzino	750 Park Ave., 12 South	Atlanta, GA 30326
MGM	Rebecca A. Abruzzino	750 Park Ave., 12 South	Atlanta, GA 30326

REINSTATEMENT 00-01
Lect 1/8/01

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: William Abruzzino Date: 01/04/01 Daytime Phone: (404) 495-9300

Typed or printed name of signing Managing Member/Manager: WILLIAM A. ABRUZZINO