

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY
COMPANY**
REINSTATEMENT
UBR



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # M99000001042

1. Limited Liability Company's Name

Richardson Arms (GA), L.L.C.

[Signature]
300003459153--4
-11/09/00--01082--025
*****50.00 *****50.00

2. Principal Office Address

813 Northshore Drive, Suite 201 (Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Zip

37919

Country

USA

Zip

Country

4. State/Country of Formation

Georgia / Fulton County

5. Date Organized or Qualified
To Do Business in Florida

7/7/99

6. FEI Number

58-2478153

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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee, FL

State
FL

Zip Code
32301

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

[Signature]

Laura R. Dunlap
as its agent

Date

10/25/00

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
MGR	Joseph W. Reed	813 Northshore Dr., Ste. 201	Knoxville, TN 37919

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

[Signature]

Date 10/24/00

Daytime Phone # 865-584-2300, x 21

Typed or printed name of signing Managing Member/Manager Joseph W. Reed

CR2E041 (9/00)