

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

2002 DEC 20 AM 11:23
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001419
Name and Mailing Address

0007241 01 FP 0.352 **PRSRT T2 0 0615 30040-256650
BOATWRIGHT CONSTRUCTION, LLC
309 PIRKLE FERRY RD., STE E-200
CUMMING GA 30040-2566



2. New Mailing Address 446 Pirkle Ferry Rd STE E 300 Cumming GA 30040		4. State/Country of Formation GA	
3. New Principal Place of Business Address 309 PIRKLE FERRY RD., STE E-200 CUMMING GA 30040 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/13/1999	
6. FEI Number 58-2483297		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent FLORIDA INCORPORATORS INC 1221 BRICKELL AVENUE, STE 900 MIAMI FL 33131		9. Name and Address of New Registered Agent Name: Florida Incorporators, Inc. Street Address (P.O. Box Number is Not Acceptable): 8875 Hidden River Pkwy Ste 300 City: Tampa FL Zip Code: 33637	
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: Mark Hankins, President Date: 11/25/02 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BOATWRIGHT, BOBBY	309 PIRKLE FERRY RD., STE E-200	CUMMING GA

REINSTATEMENT 2002

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. 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: Bobby Boatwright Date: 12/17/02 Daytime Phone #: 710-205-5340