M99000001537

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****50.00 *****50.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001537

1. Limited Liability Company's Name
LAKELAND Lodges, LLC

9/28/01

2. Principal Office Address	3. Mailing Office Address
1140 Old Peachtree Rd	4200 Northside Pkwy NW
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Building 12
City & State Duluth, GA	City & State ATLANTA, GA
Zip 30096 Country Gwinnett	Zip 30327-3049 Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 58-2496685 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation, FL 33324 State: FL Zip Code: 33324

BK

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] Date: 9-9-2002

REGISTERED AGENT MUST SIGN

Allan Farnell, Vice President

CR2E061 (R/00)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Diane A. Clark	1140 Old Peachtree Rd Ste. A	Duluth, GA 30096
MGRM	Clifford M. Clark	1140 Old Peachtree Rd Ste. A	Duluth, GA 30096
MGRM	Clyde R. Tant JR.	2295 Henry Clower Blvd Suite 200	Snellville, GA 30078
	REINSTATEMENT 2001-2002		
	(BV)		

11. I certify that I am a 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: 9/6/02 Daytime Phone # 770-982-2600

Typed or printed name of signing Managing Member/Manager: CLYDE TANT