

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

01 APR 16 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 9900 000 1870

1. Limited Liability Company's Name

NDG Atlanta Investment Holding 1999, LLC

REINSTATEMENT

2000-  
2001

2. Principal Office Address

5920 Roswell Road

Suite, Apt. #, etc.

B107-184

City & State

Atlanta GA

Zip

30328

Country

USA

3. Mailing Office Address

5920 Roswell Rd

Suite, Apt. #, etc.

B107-184

City & State

Atlanta GA

Zip

30328

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

58-2459995

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

B+C Corporate Services of Central FL, Inc.

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

390 North Orange Avenue

40000403834

Suite, Apt. #, Etc.

1100

04/13/01-01/08/018

\*\*\*\*200.00-\*\*\*\*200.00

City

Orlando

State

FL

Zip Code

32801

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

B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

LORIE L. BECKSTESSER, VP

Date

4/9/01

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.	Robert Hoskins	5920 Roswell Rd B107-184	Atlanta, GA 30328
			JB 4-12-01

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

Robert Hoskins

Date

4/3/01

Daytime Phone #

(770) 552-8070

Typed or printed name of signing Managing Member/Manager

Robert Hoskins