PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			5	Secretar	TMENT OF STATE y of State orporations				3 PH 5:		
DOCUMENT # P95000042468 1. Corporation Name								SECRETARY DE STATE TALLAHASSEE, FLORIDA				
Roswell Properties, Inc.												
					Office Address Saint Andrews Sq.			SI	CR2E081 (12/0	05)	2-06	
Suite Apt. #, etc. Suite 200 Suite					, etc.				Qualified orida May 3			
				City & State Duluth	city & State Duluth, Georgia			5. EELNumber 65-0584873 Applied For Not Applicable				
^{Zip} 30096	0096 Ü.S.A.		Š.A.	^{Zip} 30096		Ü.S.A.	6.	STIFICATE OF STATUS DESIRED \$8.75 Additional Fee			Fee required	
	7. Name and Address of Current Registered Agent											
	ਇੰobert J. Lyerly											
	Street Address (P.O. Box Number is Not Acceptable)											
	Suite, Apt. #, Etc.											
	Destin 1							State	32541			
8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.												
Signature of Registered Agent Date 12/20/06											Ì	
REGISTERED AGENT MUST SIGN												
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit co							reet Address of Each					
	Officers and/or Directors				Officer and/or Director			City / State / Zip				
P/D	Richard W. Clark, Sr.				158 Glen Echo Drive			Hendersonville, NC 28739				
S/D	Stanley Segal				7915 Exeter Boulevard, East			Tamarac, FL 33321				
T/D	Richard W. Clark, Jr.				4051 Saint Andrews Sq. Suite 200			Duluth, GA 30096				
					12729				/06=01009=009 +1358.75			
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Richard W. Clark, Jr., Treasurer 770-814-9049												
SIGNA		GNATUR	E AND TYPED OR PRI	NTED NAME OF		FICER OR DIRECTOR		Date		aytime Phone #		

Daytime Phone #

Date