

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000103735**

1. Entity Name  
**SANTA ROSA HOLDINGS, INC. II**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 8:46

**REINSTATEMENT 04-05**

Principal Place of Business: **600 WEST PEACHTREE STREET  
SUITE 1200  
ATLANTA, GA 30308**

Mailing Address: **C/O G. MAYNARD- 600 W. PEACHTREE ST.  
SUITE 1200  
ATLANTA, GA 30308**

2. Principal Place of Business: **4001 Presidential Pkwy  
Suite, Apt. #, etc. 5, 1512  
City & State Atlanta GA  
Zip 30340 Country DeKalb**

3. Mailing Address: **4001 Presidential Pkwy  
Suite, Apt. #, etc. 5, 1512  
City & State Atlanta GA  
Zip 30340 Country DeKalb**

01182005 REIN-P CR2E098 (6/04)

4. FEI Number **58-2421093** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, MARK L ESQ.  
18250 NW 2ND AVENUE  
SUITE C  
MIAMI, FL 33169**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MLR DATE 01/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ZOHOURI, FRED<br/>600 WEST PEACHTREE STREET STE 1200<br/>ATLANTA, GA 30308</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRES<br/>FRED Zohouri<br/>4001 Presidential Pkwy #1512<br/>Atlanta GA 30340</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>600045522816<br/>01/27/05--01049--002 **2022.50</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR 01/18/05 678 597 1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\$908.75