

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 012110204  
CONTROL NUMBER : K810813  
DATE INCORPORATED: 03/19/1998  
DATE DISSOLVED : 07/05/1999  
EFFECTIVE DATE : 07/25/2001  
REFERENCE : 0045  
PRINT DATE : 07/30/2001  
FORM NUMBER : 114

H. GEOFFREY SLADE, SR.  
P. O. BOX 985  
FAYETTEVILLE, GA 302141619

**CERTIFICATE OF REINSTATEMENT**

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**MAGNOLIA RIDGE HOMEOWNERS ASSOCIATION, INC.**  
**A DOMESTIC NONPROFIT CORPORATION**

was incorporated and later dissolved on the dates stated above. Said corporation has filed an application for reinstatement, has paid all fees and penalties due to the Secretary of State, and has filed an updated annual registration. Attached hereto is a true and correct copy of said application.

WHEREFORE, said corporation is hereby reinstated as of the effective date of this certificate, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The corporation's reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the corporation may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



A handwritten signature in black ink, appearing to read "Cathy Cox".

Cathy Cox  
Secretary of State



**CORPORATIONS DIVISION**

Suite 315 West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530  
(404) 656-2817

Cathy Cox  
Secretary of State

H. GEOFFREY SLADE, SR.  
ATTORNEY AT LAW  
P.O. BOX 985  
FAYETTEVILLE, GA 302141619

Reservation Number : 012000111  
Control Number : K810813  
Date Dissolved : 07/05/1999  
Telephone Number : (404)656-2817  
Amount Due : \$80.00  
Print Date : 07/19/2001  
Form Number : 521

**APPLICATION FOR REINSTATEMENT OF A DOMESTIC CORPORATION**

Pursuant to the provisions of Title 14 of the Official Code of Georgia Annotated, the undersigned domestic corporation hereby applies to the Secretary of State for a certificate of reinstatement of a domestic corporation and submits the following:

**MAGNOLIA RIDGE HOMEOWNERS ASSOCIATION, INC.**

was administratively dissolved by the Office of Secretary of State on the date stated above for failure to comply with the requirements of Title 14 of the Official Code of Georgia Annotated. Grounds for the dissolution either did not exist or have been eliminated. All taxes owed by the corporation have been paid. The corporation's name, satisfying the requirements of Title 14 of the Official Code of Georgia Annotated, by which the corporation will hereafter be known is

**MAGNOLIA RIDGE HOMEOWNERS ASSOCIATION, INC.**

This application must be accompanied by the annual registration and the amount due above which is the sum of the filing fee, and the total annual fees.

Complete and return all copies of this form with a check made payable to the Secretary of State for the amount due above. This application must be signed by the Chairman of the Board of Directors, President, or other Corporate Officer.

*Abdoo*

*7/24/01*

*Sec Agent*

-Signature & Title

Date

CORPORATION NAME ADDRESS CITY STATE ZIP

MAGNOLIA RIDGE HOMEOWNERS ASSOCIATION, I ~~218 EBENEZER RD.~~ FAYETTEVILLE GA 30215

MAILING ADDRESS CHANGE TO: *230 Rock Hill*

CEO: \*\*NO NAME ON FILE ENTER BELOW\*\* \*\*PLEASE ENTER ADDRESS BELOW\*\* \*\*ENTER CITY BELOW\*\* \*\* \*\*\*\*\*

CO: \*\*NO NAME ON FILE ENTER BELOW\*\* \*\*PLEASE ENTER ADDRESS BELOW\*\* \*\*ENTER CITY BELOW\*\* \*\* \*\*\*\*\*

: \*\*NO NAME ON FILE ENTER BELOW\*\* \*\*PLEASE ENTER ADDRESS BELOW\*\* \*\*ENTER CITY BELOW\*\* \*\* \*\*\*\*\*

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Ann Hedou  
 Sec / Agent  
 -Signature & Title

7/24/01  
 Date

CORPORATION NAME ADDRESS CITY STATE ZIP

MAGNOLIA RIDGE HOMEOWNERS ASSOCIATION, I	<del>240 FRENCH RD.</del> 230 Rock Hill	FAYETTEVILLE	GA	30215
MAILING ADDRESS CHANGE TO:				
CEO: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW* **	*****	
CFO: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW* **	*****	
AGT: **NO NAME ON FILE ENTER BELOW**	**PLEASE ENTER ADDRESS BELOW*	**ENTER CITY BELOW* **	*****	
<del>AGT: B. D. MURPHY III</del>	<del>370 WEST STONEWALL AVE.</del>	<del>FAYETTEVILLE</del>	<del>GA</del>	<del>30214</del>

MAKE CORRECTIONS OR CHANGES BELOW (TYPE OR PRINT) STREET ADDRESS CITY STATE ZIP

CEO: David Langas				
CFO:				
SEC: Ann Hedou	230 Rock Hill	Fayetteville	Ga	30215
AGT: Ann Hedou	230 Rock Hill	Fayetteville	GA	30215
I HEREBY CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM, THE INFORMATION IS TRUE AND CORRECT, AND THAT THE REGISTERED AGENT NAMED HEREIN HAS CONSENTED TO SERVE AS SUCH.	FEIN:	FEIN CORRECTION:		
AUTHORIZED SIGNATURE: <u>Ann Hedou</u>	* Enter correction here ->	COUNTY OF FAYETTE	COUNTY	
TITLE: Sec	DATE: 7-24-01	REGISTERED OFFICE:	CHANGE OR CORRECTION:	
PHONE # 678 817 1232				

\$60.00 GA 03/19/1998 DN K810813

BR521 (12-99) 2000 CORPORATION ANNUAL REGISTRATION



01K810813006000MAGNOLIARIDGEHOMEOWN