A07000000450

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07000000450 1092.00 due 9/26/08

1. Corporation Name
Chowder Apartments LP

500159889395
08/24/09--01062--010 **908.75

500159889395
09/15/09--01003--010 **1091.25

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4700 Rio Grande Ave	1719 Rt 10 East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt. 274	Suite 220
City & State	City & State
Orlando FL	Parsippany NJ
Zip / Country	Zip / Country
32839 USA	07054 USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/14/2007

5. FEI Number: 20-8629808 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Heather Chapman Date: 8-19-09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mgr.m.	Chowder Manager LLC	4700 Rio Grande Ave., Apt. 274	Orlando FL 32839

REINSTATEMENT 2008-2009
mc 9/21

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 filing 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: [signature] 8/19/09 993 455 8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #