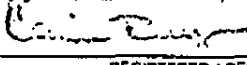


FILED

DEC -5 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F13000005551					
1. Corporation Name Inland American Communities Third Party Inc					
2. Principal Office Address - No P.O. Box # 2901 Butterfield Road			3. Mailing Office Address 2901 Butterfield Road		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State Oak Brook, IL			City & State Oak Brook, IL		
Zip 60523	Country USA	Zip 60523	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/30/13	
				5. FEI Number 20-8960264	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee to cover for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt #, etc.					
City Plantation			State FL	Zip Code 33324	
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 			Date 12/5/2014		
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	Thomas P. McGuinness	2901 Butterfield Road		Oak Brook, IL 60523	
D/VP	David Pierce	3890 W. Northwest Hwy., Suite 601		Dallas, TX 75220	
D/P	Travis Roberts	3890 W. Northwest Hwy., Suite 601		Dallas, TX 75220	
D/S/T	Jack H. Potts	2901 Butterfield Road		Oak Brook, IL 60523	
REINSTATEMENT					
10. E-mail Address: kim.band@inlandamerican.com (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.					
SIGNATURE: 					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. HAWKES Date 12/5/14 630-570-0954					

S. HAWKES

DEC 05 AM

EXAMINER

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000281482 3)))



H140002814823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
INLAND AMERICAN COMMUNITIES THIRD PARTY, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)