FILED
14 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 JV

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2901 Butterfield Road	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

CR2E081 (11/10)

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 $8.75 Additional Fee to obtain 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: [signature] 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)

Titles	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.bund@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 this 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. 817.155, F.S.

SIGNATURE: [signature] 12/5/14 Date 630-570-0954 Daytime Phone #

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLD10 - 05/17/2013 Wolters Kluwer Online

S. HAWKES
DEC 05 A.M.
EXAMINER

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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

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