PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 28 AM 10: 13

CR2E041 (1/07)

DOCUMENT # L01000000711

1. Limited Liability Company's Name

Asbury Park Apartments of Gainesville, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5333 SW 75th Street		6470 Timber Bluff Pt.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Gainesville		Colorado Springs	
Zip	Country	Zip	Country
32608	USA	80916	USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 8/24/2004

6. FEI Number: 593685585 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Roderick R Hubbard

Street Address (P.O. Box Number is Not Acceptable): 5333 SW 75th Street

Suite, Apt. #, Etc.:

City: Gainesville | State: FL | Zip Code: 32608

☒ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: R R Hubbard
REGISTERED AGENT MUST SIGN

Date: 10/19/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Roderick R Hubbard	6470 Timber Bluff Pt	Colo. Spgs. CO 80918
		800111936256 10/23/07--01023--021 **50.00	
		500113404405 12/26/07--01043--001 **50.00	
	REINSTATEMENT 2006, 2007		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: R R Hubbard Date: 11-18-07 Daytime Phone #: 719-599-5954

Typed or printed name of signing Managing Member/Manager: R. R. Hubbard