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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000021232 1. Limited Liability Company's Name Merritt Housing, LLC			
2. Principal Office Address - No P.O. Box # 4401 N. Mesa Street <small>State, Apt. #, etc.</small>		3. Mailing Office Address 4401 N. Mesa Street <small>State, Apt. #, etc.</small>	
City & State El Paso, Texas		City & State El Paso, Texas	
Zip 79902	Country USA	Zip 79902	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business In Florida 12/07/2001	
6. FEI Number 593759498		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. 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 <small>State, Apt. #, Etc.</small> City Plantation			
		State FL	Zip Code 33324
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 <i>Connie Bryan</i> CONNIE BRYAN <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
TITs	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael Hartman	585 N. Courtenay Parkway	Merritt Island, Florida 32953
MGRM	Donald Pace	585 N. Courtenay Parkway	Merritt Island, Florida 32953
MGRM	TWC Housing, LLC	4401 N. Mesa Street	El Paso, Texas 79902
REINSTATEMENT 06-08			
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 <i>Wm C Sanders</i> Date 4/17/08 Telephone 915 533-1122 Typed or printed name of signing Managing Member/Manager By: TWC Housing, LLC; By: Hunt ELP, Ltd.; By: HB GP, LLC; By: Wm C. Sanders			

Thomas APR 25 2008

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MERRITT HOUSING, LLC

Certificate of Status	0
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