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LIMITED LIABILITY REINSTATEMENT

MERRITT PLACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

D. BRUCE

APR 09 2008

EXAMINER




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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p style="text-align: right;">08 APR - 9 AM 10: 9</p> <p style="text-align: right;">FILED</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">CR2EDM1 (12/07)</p>	
DOCUMENT # L01000022250 1. Limited Liability Company's Name Merritt Place, LLC					
2. Principal Office Address - No P.O. Box # 4401 N. Moss Street State, Apt. #, etc.		3. Mailing Office Address 4401 N. Moss Street State, Apt. #, etc.		4. State/Country of Formation Florida	
City & State El Paso, Texas		City & State El Paso, Texas		5. Date Organized or Qualified To Do Business in Florida 12/20/2001	
Zip 79902	Country USA	Zip 79902	Country USA	6. FEI Number 300016838	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 State, Apt. #, Etc. City Plantation	
		State FL	Zip Code 33324	<input type="checkbox"/> 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 609, F.S.					
Signature of Registered Agent 		REGISTERED AGENT ABUSE BOX		Date 4/7/08	
10. Name and Street Address of Managing Member/Managers					
Title MGRM	Name of Managing Member/Manager Merritt Housing GP, LLC	Street Address of Each Managing Member/Manager 4401 N. Moss Street	City / State / Zip El Paso, Texas 79902		
REINSTATEMENT			D. BRUCE		
2005 - 2008			APR 09 2008		
EXAMINER					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in the articles of organization. I do hereby certify that when filing this reinstatement application the reasons for dissolution have been eliminated, the limited liability company name satisfies the requirements of section 609.406, 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 		Date 4/4/08		Daytime Phone # (916) 533-1122	
By: William Kell, Executive Vice President By: Merritt Heng GP, LLC; TWC Heng, LLC; By: Hunt ELP, LTD.; By: HB GP, LLC					
Typed or printed name of signing Managing Member/Manager					