


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN -9 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000030172

**1. Limited Liability Company's Name**  
DORMITORY HOUSING PARTNER, LLC

<b>2. Principal Office Address</b> 11850 UNIVERSITY BLVD Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 11850 UNIVERSITY BLVD Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32817	Country US	Zip 32817	Country US

**4. State/Country of Formation**

**5. Date Organized or Qualified To Do Business in Florida**

**6. FEI Number**  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: KATHLEEN S. ANDERSON 000035555960  
05/05/04--01020--017 \*\*150.00

Street Address (P.O. Box Number is Not Acceptable): 311 ALTAMONTE COMMERCE BLVD

Suite, Apt. #, Etc.: SUITE 1612

City: ALTAMONTE SPRINGS State: FL Zip Code: 32714

**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: *Kathleen Anderson* Date: 4/30/04

REGISTERED AGENT MUST SIGN

**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	PEGRAM, GEORGE L	11850 UNIVERSITY BLVD	ORLANDO, FL 32817
MGR	DEMETREE, MARY L	3348 EDGEWATER DRIVE	ORLANDO, FL 32804

000035555960  
06/10/04--01028--002 \*\*50.00

**REINSTATEMENT - 2004**

**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: *[Signature]* Date: 4/30/04 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E041 (10/02)