PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000033029

1. Limited Liability Company's Name

SPIRIT RESIDENTIAL GROUP, LTD, CO

MJM

500028657855
02/12/04--01032--014 **200.00

2/12

2. Principal Office Address	3. Mailing Office Address
17311 NW 33rd CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33056 Country: USA	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 59-6001874 ☐ 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: BASIL L. DALLAS

Street Address (P.O. Box Number is Not Acceptable): 17311 NW 33rd CT

Suite, Apt. #, Etc.:

City: MIAMI, FL 33056 State: FL Zip Code: 33056

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: Basil L. Dallas Date: 2-2-04
REGISTERED AGENT MUST SIGN

CR2E041 (1/00)

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	ALEXANDER BEEN	17311 NW 33rd CT	MIAMI, FL 33056
MGR	LOLA BEEN	17311 NW 33rd CT	MIAMI, FL 33056
		REINSTATEMENT 2003-2004	

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: Alexander Been Date: 2/2/04 Daytime Phone #: 3059843853

Typed or printed name of signing Managing Member/Manager: Alexander Been