


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 AM 9:44

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000002438
1. Limited Liability Company's Name
Inverrary AL/IL Real Estate Investors, LLC
2010

000188908970
12/22/10--01001--014 **238.75
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
3570 Keith Street, NW
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 3480
Suite, Apt. #, etc.

City & State
Cleveland, TN

City & State
Cleveland, TN

Zip Country
37312 USA

Zip Country
37320-3480

4. State/Country of Formation
Tennessee

5. Date Organized or Qualified To Do Business in Florida
6/25/2009

6. FEI Number Applied For
27-0428695 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

000188908970
12/22/10--01001--015 **5.00

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 *Connie Bryan* **Connie Bryan** Assistant Secretary Date 12/31/2010

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.	Developers Investment Company II, Inc.	3750 Keith Street, NW	Cleveland, TN 37312

REINSTATEMENT 2010

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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.

By: *Joan E. Thurmond* **Joan E. Thurmond**, Assistant Secretary of Corporate Manager
Signature of Managing Member/Manager Date 12-19-10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Joan E. Thurmond, Assistant Secretary of Corporate Manager**