


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
05 APR 18 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M99000001145

**1. Limited Liability Company's Name**  
Greystone Management Services of Florida, LLC

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<b>2. Principal Office Address</b> 222 W. Las Colinas Blvd. Suite, Apt. #, etc. Suite 2100 City & State Irving, TX Zip 75039 Country USA		<b>3. Mailing Office Address</b> 222 W. Las Colinas Blvd. Suite, Apt. #, etc. Suite 2100 City & State Irving, TX Zip 75039 Country USA	
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<b>4. State/Country of Formation</b> Delaware	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 7/22/1999	
<b>6. FEI Number</b> 75-2733372	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name Corporation Service Company	400054306614 05/12/05--01006--023 **150.00
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	400054306614 05/12/05--01006--024 **55.00
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

**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 Carla Lohi **Carla Lohi** Asst Vice President Date 4-15-05

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	Mark P. Andrews	222 W. Las Colinas Blvd. St 2100	Irving, TX 75039
MGR	Richard W. Cumberland	222 W. Las Colinas Blvd. St 2100	Irving, TX 75039
MGR	Paul F. Steinhoff	222 W. Las Colinas Blvd St 2100	Irving, TX 75039
MGR	Michael B. Lanahan	222 W. Las Colinas Blvd St 2100	Irving, TX 75039

**REINSTATEMENT 2004-2005**

**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 Paul Steinhoff Date 4/8/05 Daytime Phone # 972-402-3700

Typed or printed name of signing Managing Member/Manager Paul Steinhoff

CR2E041 (10/02)