

**Florida Department of State
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**LP/LLP REINSTATEMENT
NF 101 ENCLAVE LIMITED PARTNERSHIP**

Certificate of Status	0
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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B05000000360			
1. Name of Limited Partnership NF 101 Enclave Limited Partnership			
2. Principal Office Address - No P.O. Box # 3819 Maple Avenue		3. Mailing Office Address 3819 Maple Avenue	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Dallas, TX		City & State Dallas, TX	
Zip 75219	Country USA	Zip 75219	Country USA
4. Date Formed or Registered To Do Business in Florida 08/18/2005		5. FRI Number 20-3337940	
6. CERTIFICATE OF STATUS DESIRED ☐		1/175 Additional Fee required for a Certificate of Status	
7. FEES: Filing Fee(s): \$411.26 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$600 for each year or part thereof limited partnership revoked on our records.			
8. Name and Address of Current Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. 			
City Plantation		FL Zip Code 33324	
E-mail Address: michelle.donato@wolterskluwer.com E-Mail address to be used for future annual report notices.			
9. Pursuant to the provisions of section 820.1010 or 820.1808, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 820, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <i>[Signature]</i> DATE 5/9/2012 (REGISTERED AGENT MUST SIGN)			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) NF 105 Development GP LLC	Address of Each General Partner (Do NOT Use P.O. Box Number) 3819 Maple Avenue	City, State and Zip Code Dallas, TX 75219	10a. Registration Document Number M06000003756
REINSTATEMENT			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for exemptions contained in Chapter 119, Florida Statutes, including the Division of Corporate Services any liability of non-compliance with Chapter 119, FS, in the event that the information supplied is discovered exempt from public access. I further certify that I am a General Partner of this limited partnership, partner or limited partner as provided in Chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, FS.			
SIGNATURE <i>[Signature]</i> DATE 05/10/2012		Telephone Number 214/982-8431	
Typed or Printed Name of General Partner Signing Form MARRIA L. MOODY			

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B. BOSTICK

MAY 15 2012

EXAMINER