

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 10 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000002987

**1. Limited Liability Company's Name**

CORNERSTONE APARTMENTS, L.L.C.

**2. Principal Office Address**

500 Rock Pit Rd.

Suite, Apt. #, etc.

Apt. #1

City & State

Titusville, FL 32796

Zip

32796

Country

USA

**3. Mailing Office Address**

400 N. 13th Ave.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

**4. State/Country of Formation**

Florida/USA

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

March 9, 2000

**6. FEI Number**

59-3628907

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

Mike Charest

Street Address (P.O. Box Number is Not Acceptable)

2768 Rouen Ave.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

**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

*Michael Charest*

REGISTERED AGENT MUST SIGN

Date

12/5/01

**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
MGRM	Gregory M. Lafferty	400 N. 13th Ave.	Hollywood/FL/33019

**REINSTATEMENT**

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dec

**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

*Gregory M. Lafferty*

Date

12/3/01

Daytime Phone #

(954) 817-6197

Typed or printed name of signing Managing Member/Manager

GREGORY M. LAFFERTY

CR2E041 (9/01)