

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L00000003638

1. Limited Liability Company's Name

Cordia at Palm Aire LLC

FILED

01 NOV -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 200

2. Principal Office Address

3701 W. McNob Road

3. Mailing Office Address

101 Arch Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16th Floor

City & State

Pompano Beach FL

City & State

Boston MA

Zip

33069

Country

USA

Zip

02110

Country

USA

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

04-3510376

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

C.T. CORPORATION SYSTEM

100004686101-8

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

1200 SOUTH PINE ISLAND RD

11/16/01-81094-818

****150.00 ****150.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33334

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

Karen M. Anderson

REGISTERED AGENT MUST SIGN

Date 10/15/01

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

Principal

Karen Anderson

101 ARCH STREET

Boston MA

02110

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

Karen M. Anderson

Date 10/15/01

Daytime Phone # (617) 772-9530

Typed or printed name of signing Managing Member/Manager

Karen M. Anderson

CS2E041 (9/01)