

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

02 MAR 19 PM 3:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000006321

1. Limited Liability Company's Name

Palm Grove Apartments, LLC

800005171538--3
 -03/27/02--01038--006
 ****205.00 ****205.00

2. Principal Office Address

2909 Bay to Bay Blvd W

3. Mailing Office Address

2909 Bay to Bay Blvd W

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 408

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33629

Country

USA

Zip

33629

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6/1/2000

6. FEI Number

59-3657597

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

David Beshears

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

2909 Bay to Bay Blvd W.

Suite, Apt. #, Etc.

Suite 408

City

Tampa

State

FL

Zip Code

33629

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

[Signature]

Date

3/8/02

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	David Beshears	2909 Bay to Bay Blvd W.	Tampa, FL 33629

REINSTATEMENT [Signature]
[Signature]

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

[Signature]

Date

3/8/02

Daytime Phone#

813.839.6352

Typed or printed name of signing Managing Member/Manager

David W. Beshears, President

CR2E041 (9/01)