PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

02 JAN 14 AMII: 30

REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALL AHASSEE, FLORIDA		
DOCUMENT # LOOO] 1. Limited Liability Company's Name	00 li 353				
Hillside 3 Office Park Investors, L.C.					
			MERISTATEMENT 2002		
2. Principal Office Address	·				
1983 Centre Pointe Blvd		.500 	4. State/Country of Formation		
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida		
City & State	City & State		G. FEL Number. Applied For		
Tallahassee, Fl	Tallahassee	e, Fl	59-3655179 Not Applicable		
Zip Country 32308 USA	Zip 32317–2500	Country	7. CERTIFICATE OF STATUS DESIRED [SSIO Additional Georgetical for a Cartificate of Status		
	8. Name and	Address of Current Re	gistered Agent		
Thomas J. Guilday Street Address (P.O. Box Number is Not Acceptable) 1983 Centre Pointe Blvd. Suite, Apt. #, Etc. Suite 200 City Tallahassee: Signature of Registered Agent REGISTEREO AGENT MUST SIGN Thomas J. Guilday Street Address (P.O. Box Number is Not Acceptable) 10004 17801 —8 -01/16/0201046037 *****200.00 *****200.00 *****200.00 ******200.00 ******200.00 ******200.00 ******200.00 ******200.00 *******200.00 ******200.00 **************************					
10. Names and Street Addresses of Managing M	Members/Managers				
Titles Name of	Ni-ma of		f Each Manager City / State / Zip		
See attachi	nd				
		 			

• 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.

Olynature	UI
Managing	Member/Manager

91	Ehm	lday
(]		

_____ Date 1/4/92 Daytime Phone#_

Thomas J. Gulday Typed or printed name of signing Managing Member/Manager

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Members of Hillside 3 Office Park Investors, L.C.

J. Michael Huey

Thomas J. Guilday

J. Kendrick Tucker

Geoffrey B. Schwartz

William E. Williams

Robert D. Fingar

Mary K. Simpson

Claude R. Walker

Michael D. West

J. Andrew Bertron

Vikki R. Shirley

All of the members are partners and the business address is 1983 Centre Pointe Blvd., Suite 200, Tallahassee, Florida 32308. The mailing address is P.O. Box 12500, Tallahassee, Florida 32317-2500.