

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAR 21 PM 1:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008662

1. Limited Liability Company's Name

STERLING FT. MYERS I, L.L.C.

2. Principal Office Address

3225 Aviation Avenue P.O. Box 1984

Suite, Apt. #, etc.

Seventh Floor

City & State

Coconut Grove, FL

Zip

33133

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

McKinney, TX

Zip

75070

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

7/21/2000

6. FEI Number

651048069

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301 2525

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

Brian Courtney
Asst. V. Pres.

Date

3/21/03

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
MGRM	SDC FT. MYERS I, INC.	P.O. BOX 1984	MCKINNEY, TX 75070
			700014439397

REINSTATEMENT

2002, 03, 08

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

Kim Dozier

Date 3/20/03

Daytime Phone # 214-764-3712

Typed or printed name of signing Managing Member/Manager Kim Dozier

CR2E041 (10/02)



CORPORATION SERVICE COMPANY™

FILED

2003 MAR 21 PM 1:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 977548 7284567

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 200.00

ORDER DATE : March 21, 2003

ORDER TIME : 10:30 AM

ORDER NO. : 977548-005

CUSTOMER NO: 7284567

CUSTOMER: Ms. Kim Dozier
The Sterling Companies
808 South College Street
Suite 207
Mckinney, TX 75069

DOMESTIC FILINGS

NAME: STERLING FT. MYERS I, L.L.C.

RECEIVED
03 MAR 21 AM 11:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____