

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 21 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000010019

1. Limited Liability Company's Name

Sweeting Associates, LLC

2. Principal Office Address

100 S.E. 2nd St., 14th Floor

Suite, Apt. #, etc.

3. Mailing Office Address

401 North Tryon Street

Suite, Apt. #, etc.

MC: NC1-021-02-20

City & State

Miami, FL

City & State

Charlotte, NC

Zip

33131-2100

Country

USA

Zip

28255-0001

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 21, 2000

6. FEI Number

65-1043296

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Allan Farnell, Vice President

Date

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	Banc of America Community	101 S.E. 2nd St., 14th Floor	Miami, FL 33131-2100
	Development Corporation		

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

Date

3-24-2003

Daytime Phone#

305-533-2348

Typed or printed name of signing Managing Member/Manager

Gonzalo DeRamon, Vice President of Banc of America Community Development

CR2E041 (10/02)