PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900143587599
02/16/09--01001--003 **416.25

CR2E041 (10/08)

DOCUMENT # L 08000011892

1. Limited Liability Company's Name

FLORIDA STUDENT HOUSING TRUST, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
800 OCALA RD		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 300-180			
City & State		City & State	
TALLAHASSEE, FL			
Zip	Country	Zip	Country
32304	USA		

4. State/Country of Formation: FLORIDA / LEON

5. Date Organized or Qualified To Do Business in Florida: FL

6. FEI Number: 65-1055980 ☐ 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: JONATHAN LEONI

Street Address (P.O. Box Number is Not Acceptable): 800 OCALA RD. S.

Suite, Apt. #, Etc.: SUITE 300-180

City: TALLAHASSEE | State: FL | Zip Code: 32304

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 2/13/09

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	JONATHAN LEONI	800 OCALA RD, SUITE 300-180	TALLAHASSEE, FL 32304
MGR	KIM LEONI	" " "	" "
MGR	RENE LEONI	" " "	" "
	REINSTATEMENT		
	2007-2009		

FILED
09 FEB 13 PM 2:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 2/13/09 Daytime Phone # 850-339-4201

Typed or printed name of signing Managing Member/Manager: JONATHAN LEONI

T. Hampton FEB 13 2009