

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 0000011892

1. Limited Liability Company's Name

Florida Student Housing Trust, LLC

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

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

800 OLIVA RD

Suite, Apt. #, etc.

SUITE 300-180

City & State

TALLAHASSEE, FL

Zip

32304

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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 OLIVA RD. S. A

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

[Signature]

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
MAN	JONATHAN LEONI	800 OLIVA RD, SUITE 300-180	TALLAHASSEE, FL 32304
MGR	Kim LEONI	" " "	" " "
MGR	Rene LEONI	" " "	" " "

FILED
09 FEB 13 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2007-2009

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