

L00000012476

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 14 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000012476

1. Limited Liability Company's Name

GRAND RESERVE APARTMENTS, LLC

2. Principal Office Address
C/- JULIAN LECRAW & CO.
1575 NORTHSIDE DRIVE

3. Mailing Office Address
1575 NORTHSIDE DRIVE

Suite, Apt. #, etc.
BLDG 100 STE 200

Suite, Apt. #, etc.
BLDG 100 STE 200

City & State
ATLANTA

City & State
ATLANTA GA

Zip Country
GA 30318

Zip Country
30318 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/13/2000

6. FEI Number 58-2576304
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 Zip Code
FL 32301

900005914135 -- 1
06/24/02 -- 01012 -- 007
****205.00 ****205.00

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 6/14/02

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	GEREE SUNCOAST LLC	1575 NORTHSIDE DRIVE BLDG 100 STE 200	ATLANTA GA 30318
			150.00-Adm
			50.00-CF
			5.00-Cut

REINSTATEMENT 2001-2002

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 6/12/02 Daytime Phone# 404.367.6039

Typed or printed name of signing Managing Member/Manager Stephen D. Broome

MJH

CR2E041 (9/01)



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02 JUN 14 PM 2:43

ACCOUNT NO. : 072100000032

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REFERENCE : 623871 7228984

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 14, 2002

ORDER TIME : 2:20 PM

ORDER NO. : 623871-005

CUSTOMER NO: 7228984

CUSTOMER: Mr. Michael Waite
Julian Lecraw & Co. Inc.
1575 Northside Drive
Building 100, Suite 200
Atlanta, GA 30319

DOMESTIC FILINGS

NAME: GRAND RESERVE APARTMENTS, LLC

RECEIVED
02 JUN 14 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____