

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 2003 8:00 A.M
Secretary of State

DOCUMENT # L00000014960

1. Limited Liability Company's Name

Lakeview Apartments of Ft. Lauderdale, L.L.C.

9/28/01

2. Principal Office Address

5200 N.W. 31st Ave.

3. Mailing Office Address

5200 N.W. 31st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

U.S.

Zip

33309

Country

U.S.

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

12/05/2000

6. FEI Number

*

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

Bill Rodgers/Smith, Gambrell & Russell, L.L.P.

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

Bank of America Tower

Suite, Apt. #, Etc.

Suite 2200, 50 North Laura Street

City

Jacksonville

State
FL

Zip Code
32202

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

See Attachment A

Date

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	Steve Broome	1575 Northside Dr. N.W. BLDG 100, Suite 200	Atlanta, GA 30318
		2001-2003	
	REINSTATEMENT		BKL

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

See Attachment B

Date 03/10/2003

Daytime Phone # (205) 987-5578

Typed or printed name of signing Managing Member/Manager

*- SMLLC of JLC Suncoast - Harbinger Properties, LLC (FEI Number 58-2583534)

CR2E041 (10/02)

MAR-10-2003 13:54

SMITH, GAMBRELL & RUSSELL

904 598 6300 P.02

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William S. Rogers, Jr.

904-598-6118

Direct Fax No. - 904-598-6218

E-Mail - wrogers@sgrlaw.com

March 10, 2003

FILED
03 MAR 10 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


To: Florida Department of State
Secretary of State, Division of Corporations

From: William S. Rogers, Jr., Smith, Gambrell & Russell

Re: Document No. L00000014960
Lakeview Apartments of Ft. Lauderdale, LLC

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



William S. Rogers, Jr.

Date: 3-10-03

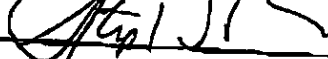
L00000014960
ATTACHMENT B

Lakeview Apartments of Ft. Lauderdale, LLC,
a Florida limited liability company

By: **JLC Suncoast-Harbinger Properties, LLC**
a Florida limited liability company,
its Sole Member

By: **JLC Suncoast Investors (Ft. Lauderdale), LLC,**
a Georgia limited liability company,
its Managing Member

By: **JLC Suncoast Realty, LLC,**
a Georgia limited liability company,
as its Sole Manager

By: 

Name: Stephen D. Broome

Title: Senior Vice President

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STATE
TALLAHASSEE, FLORIDA

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