

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002988

1. Limited Liability Company's Name

BINGHAMTON HOUSING GROUP, L.L.C.

2. Principal Office Address

1424 STATE STREET

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34236

Country

3. Mailing Office Address

1424 STATE STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

FILED

03 DEC -5 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/03/03-01014-024 **200.00

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/27/2001

6. FEI Number

65-1081431

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

MOOERS, RICHARD L.

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

1424 STATE STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

Richard L. Mooers

Date

12/4/03

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	DAVID S. BAND	240 S. PINEAPPLE AVE.	SARASOTA, FL 34236
MGR	LANDMARK HOSPITALITY, LLC	1424 STATE STREET	SARASOTA, FL 34236

REINSTATEMENT 2002-2003

PK

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

David S. Band

Date

12/1/03

Daytime Phone # 941-366-6660

Typed or printed name of signing Managing Member/Manager DAVID S. BAND, MANAGER