


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000018389

4/21

1. DOCUMENT # L01000018389

Name and Mailing Address

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 15 AM 10:17

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SAWYER LAKES APARTMENTS, LLC

2831 RINGLING BLVD.

SUITE 213D

SARASOTA FL 34237-5352



REINSTATEMENT

2002-2003

2. New Mailing Address 3947 Clark Rd. City, State, Zip Sarasota, FL 34233		4. State/Country of Formation FL	
Principal Place of Business 2831 RINGLING BLVD. SUITE 213D SARASOTA FL 34237		5. Date Organized or Qualified To Do Business in Florida 10/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1147411 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SHEPHERD, DEVON DREW 2831 RINGLING BLVD. SUITE 213D SARASOTA FL 34237		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Devon Drew Shepherd Street Address (P.O. Box Number is Not Acceptable) 3947 Clark Road City: Sarasota FL Zip Code 34233			
10. 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: 4/12/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHEPHERD, DEVON DREW	2831 RINGLING BLVD.	SARASOTA FL 34237
MGR	SHEPHERD, DAVID M	2831 RINGLING BLVD.	SARASOTA FL 34237
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REINSTATEMENT 2002-2003			

12. 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: [Signature] Date: 2/18/03 Daytime Phone #: (941)951-1480

Typed or printed name of signing Managing Member/Manager: Devon Shepherd

CR2E084 (8/02)