

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L01000019379

FILED

2002 DEC 26 AM 2:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019379

Name and Mailing Address

0000281 01 FP 0,352 **PRSRT T1 0 0615 33131-210099

100 SE 2ND ST, 14TH FLOOR, MIAMI FL 33131-2100

TOWN PARK ASSOCIATES, LLC
 100 S.E. 2ND ST.
 MAIL CODE: FL7-950-14-04
 MIAMI FL 33131-2100

500009783255
01/02/03--01035--009 **150.00



2. New Mailing Address 100 SE 2nd St, 14th Floor, MAIL CODE FL 950-14-04 MIAMI FL 33131-2100		4. State/Country of Formation FL	
3. New Principal Place of Business Address 100 SE 2nd St, 14th Floor MIAMI, FL 33131		5. Date Organized or Qualified To Do Business in Florida 11/09/2001	
Principal Place of Business 100 S.E. 2ND ST., 13TH FLOOR MIAMI FL 33131		6. FEI Number 65-1151918	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *James A. Bordonaro*
 REGISTERED AGENT MUST SIGN: **James A. Bordonaro**
 Title: **Assistant Secretary**

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	BANC OF AMERICA DEVELOPMENT, INC.	100 S.E. 2ND ST., 13TH FLOOR	MIAMI FL 33131

REINSTATEMENT 2002

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: *James A. Bordonaro* Date: 11/8/02 Daytime Phone #: 305.533-2348

Type or printed name of signing Managing Member/Manager: **JAMES A. BORDONARO**

CFR2E084 (8/02)