


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L01000020800 <b>1. Limited Liability Company's Name</b>  MARTIN AVENUE APARTMENTS, LLC			
<b>2. Principal Office Address</b> 1012 Anchorage Drive Suite, Apt. #, etc. City & State Jensen Beach, FL Zip Country 34957 USA		<b>3. Mailing Office Address</b> 1012 Anchorage Drive Suite, Apt. #, etc. City & State Jensen Beach, FL Zip Country 34957 USA	
<b>4. State/Country of Formation</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/28/2001	
<b>6. FEI Number</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name Penelope Patapis Street Address (P.O. Box Number is Not Acceptable) 4222 Palacio Drive Suite, Apt. #, Etc. City Jensen Beach State FL Zip Code 34957			
<b>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.</b> Signature of Registered Agent <u>Penelope Patapis</u> Date <u>4-09-04</u> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Penelope Patapis	4222 Palacio Drive	Sarasota, FL 34238
<b>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.</b> Signature of Managing Member/Manager <u>Penelope Patapis</u> Date <u>4-9-04</u> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Penelope Patapis			

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SECRETARY OF STATE

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REINSTATEMENT 2002-2003-2004

