

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL FOR REINSTATEMENT
L01000020990
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

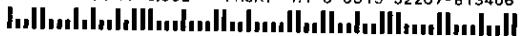
02 OCT 30 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500008696805
10/30/02--01046--004 **150.00

1. DOCUMENT # L01000020990

Name and Mailing Address

0009233 01 FP 0.352 **PRST H1 0 0615 32207-813406



ACORN PARKE APARTMENTS, LLC
1506 PRUDENTIAL DRIVE, SUITE #102
JACKSONVILLE FL 32207-8134



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/30/2001

Principal Place of Business

1506 PRUDENTIAL DRIVE, SUITE #102
JACKSONVILLE FL 32207

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

01-0549048

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

CRABTREE, R.R.
8777 SAN JOSE BOULEVARD, BUILDING A
SUITE 200
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-28-02

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
MGRM	CATLETT, JAMES J	1506 PRUDENTIAL DRIVE, SUITE 102	JACKSONVILLE FL 32207
MGRM	HOWARD, LARRY	1506 PRUDENTIAL DRIVE, SUITE #102	JACKSONVILLE FL 32207

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2EC84 (8/02)