L01000021234

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR -7 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR3E041 (12/07)

DOCUMENT # L01000021234

1. Limited Liability Company's Name
Merritt Housing GP, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4401 N. Mesa Street		4401 N. Mesa Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
El Paso, Texas		El Paso, Texas	
Zip	Country	Zip	Country
79902	USA	79902	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/07/2001

6. FEI Number: 300019638 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 4/7/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael Hartman	585 N. Courtenay Parkway, Suite 101	Merritt Island, Florida 32953
MGRM	Donald Pace	585 N. Courtenay Parkway, Suite 101	Merritt Island, Florida 32953
MGRM	TWC Housing, LLC	4401 N. Mesa Street	El Paso, Texas 79902

REINSTATEMENT 08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information contained on this application is true and accurate, and any signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: _____ Date: 4/4/08 Daytime Phone#: (915) 533-1122

Typed or printed Name of Signing Managing Member/Manager: By: TWC Housing, LLC; By: Hunt ELP, LTD.; By: HB GP, LLC; By: William Kell

CR Thomas APR - 8 2008

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MERRITT HOUSING GP, LLC

Certificate of Status	0
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