PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 OCT 10 PM 1: 40 FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY Katherine Harris COMPANY SECRETARY OF STATE Secretary of State REINSTATEMENT TAULAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT# L010000226600 1. Limited Liability Company's Name HART PROPERTIES VII AND VIII, LLC 2. Principal Office Address 3. Mailing Office Address Same 4. State/Country of Formation Suite, Apt. #, etc TURN DA 5. Date Organized or Qualified 8-0Z To Do Business in Florida City & State City & State 6. FEI Number T. LAUDERONS Applied For Not Applicable Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent evenac 9. I, being appointed the register of agent of the abour named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Name of Managing Members/ Managers Street Address of Each Managing Member/Manager City / State / Zip

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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that as if made under oath.

GARRICA

Signature of Manager Manager

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Date 0-10-02 Daytime Phone #

954-931-5172

Typed or printed name of signing Managing Member/Manager _

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