


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT 2005-2015</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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15 MAY 22 AM 8:30

**DOCUMENT #** L02000000536

1. Limited Liability Company's Name

Mountain Homes, LLC

2. Principal Office Address - No P.O. Box #

4521 Sharon Road

3. Mailing Office Address

4521 Sharon Road

Suite, Apt. #, etc.

Suite 370

Suite, Apt. #, etc.

Suite 370

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28211

Country

USA

Zip

28211

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/08/2002

6. FEI Number

02-0531944

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

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

100273247131  
05/22/15--01033--020 \*\*1626.25

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

*Henry B. Davis*  
Henry B. Davis  
Asst. Vice President

Date 5/18/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Steven R. Berrard	4521 Sharon Road, Suite 370	Charlotte, NC 28211

11. E-mail Address: tlmiller@duanemorris.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Steven R. Berrard* Date 5-12-15

Daytime Phone #

Typed or printed name of signing authorized representative/member

Steven R. Berrard, Manager