


LO2000003542

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 NOV 12 AM 10:25 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 700137929017 11/14/08--01003--016 **138.75 CR2E041 (10/08)																					
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: right; margin-right: 50px;">08</div> <u>Woodland Lakes Apartments LLC</u>																									
2. Principal Office Address - No P.O. Box # <u>clb Colonnade Properties</u> Suite, Apt. #, etc. <u>380 Lexington Ave, Suite 710</u> City & State <u>New York, NY 10168</u> Zip Country <u>10168</u> <u>US</u>		3. Mailing Office Address <u>clb Colonnade Properties</u> Suite, Apt. #, etc. <u>380 Lexington Avenue, Suite 710</u> City & State <u>New York, NY 10168</u> Zip Country <u>10168</u> <u>US</u>		4. State/Country of Formation <u>Florida</u> 5. Date Organized or Qualified To Do Business in Florida <u>February 7, 2002</u> 6. FEI Number <u>02-0550501</u> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																					
8. Name and Address of Current Registered Agent Name <u>CorpDirect Agents, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>515 E. Park Avenue</u> Suite, Apt. #, Etc. City <u>Tallahassee</u> State <u>FL</u> Zip Code <u>32301</u>				<input checked="" type="checkbox"/> 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 608, F.S. Signature of Registered Agent <u>Katlin Wunsch, Asst. Sec.</u> Date <u>11/12/08</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																									
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MM</td> <td>Joseph S. Samburo</td> <td>380 Lexington Avenue</td> <td>New York, NY 10168</td> </tr> <tr> <td>MM</td> <td>Christopher B. Glinski</td> <td>380 Lexington Avenue</td> <td>New York, NY 10168</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MM	Joseph S. Samburo	380 Lexington Avenue	New York, NY 10168	MM	Christopher B. Glinski	380 Lexington Avenue	New York, NY 10168								
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REINSTATEMENT 2008																									
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. Signature of Managing Member/Manager <u>[Signature]</u> Date <u>11-11-08</u> Daytime Phone # <u>212-632-6900</u> Typed or printed name of signing Managing Member/Manager <u>Christopher B. Glinski</u>																									