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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L02000007113

1. Limited Liability Company's Name
Chatham Pines Apartments, LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 4301 Westbank Drive | | 4301 Westbank Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| B-270 | | B-270 | |
| City & State | | City & State | |
| Austin, TX | | Austin, TX | |
| Zip | Country | Zip | Country |
| 78746 | USA | 78746 | USA |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/26/02

6. FEI Number: 74-3036779 ☐ 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, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Marguerite E. Jones Assistant Secretary Date: 10-3-07

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 | Chatham Pines Management, Inc. | 4301 Westbank Drive, Suite B-270 | Austin, Texas 78746 |
| | | | |
| | | | |
| | | | |
| | | | |
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REINSTATEMENT

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 608.508, 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: [signature] Date: 10/03/07 Daytime Phone #: (512) 439-1198

Typed or printed name of signing Managing Member/Manager: Christopher M. Davis

FL113 - 1/2007 CT System Online

# Florida Department of State

Division of Corporations
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TALLAHASSEE, FLORIDA

# LIMITED LIABILITY REINSTATEMENT

## CHATHAM PINES APARTMENTS, LLC

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