

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000021037

FILED

1. DOCUMENT # L02000021037

Name and Mailing Address

04 FEB -2 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015884 01 MB 0.309 **AUTO T9 0 0615 30328-387835



CLEARWATER VILLAS II, LLC
6000 LAKE FORREST DR., SUITE 560
ATLANTA GA 30328-3878



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business 6000 LAKE FORREST DR., SUITE 560 ATLANTA GA 30328	3. New Principal Place of Business Address 560 City, State, Zip	6. FEI Number 04-3722338	Applied For Not Applicable
8. Name and Address of Current Registered Agent WARD, R. CARLTON 1253 PARK STREET CLEARWATER FL 33756		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
200025339492 12/09/03--01016--013 **150.00			
City		FL Zip Code	
10. 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		Date	
[Signature] SIGNATURE REQUIRED			
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROBERT N. HATFIELD, JR.	6000 LAKE FORREST DR Ste 560-ATLANTA, GA 30328	ATLANTA, GA 30328
MGRM	BROOKS A. HATFIELD	6000 LAKE FORREST DR	ATLANTA, GA 30328
			200025339492 02/02/04--01090--001 **50.00
			200025339492 02/02/04--01090--002 **150.00

M THOMAS

REINSTATEMENT

2002-2004

12. 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

SIGNATURE REQUIRED

Date

4/29/07

Daytime Phone # 404-943-0186

Typed or printed name of signing Managing Member/Manager