PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000024573

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 14 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024573

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1. Limited Liability Company's Name
GEORGETOWN APARTMENTS OF PANAMA CITY, LLC

2. Principal Office Address	**3.** Mailing Office Address
536 N MONROE ST	536 N MONROE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE FL
Zip: 32301 Country: USA	Zip: 32301 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 9/20/02

6. FEI Number: 06-1652672 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: WILLIAM SCOTT LINDT

Street Address (P.O. Box Number is Not Acceptable): 1407 PIEDMONT DRIVE EAST

Suite, Apt. #, Etc.: BK

400024024084
10/22/03--01050--015 **50.00

City: TALLAHASSEE State: FL Zip Code: 32308

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: Scott Lindt
REGISTERED AGENT MUST SIGN

Date: 10/13/03

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JASON RUSNICK	226 NORTH OVAL ST	TALLAHASSEE, FL 32301
MGRM	DONNIE A FULLER	536 N MONROE ST	TALLAHASSEE, FL 32301

REINSTATEMENT 2003

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: [signature] Date: 10/13/03 Daytime Phone # 850 205 9059

Typed or printed name of signing Managing Member/Manager: DONNIE A FULLER

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COASTAL PROPERTY SERVICES, INC.

LICENSED REAL ESTATE BROKER

Memo

Date: 10/14/2003

To: Secretary of State

From: Lisa L. Spooner, CFO, Coastal Property Services

RE: Georgetown Apartments of Panama City, LLC

BK

Please accept our check for $ 50 to reinstate Georgetown Apartments LLC. The form was mailed to our old address and we didn't get the form to renew.

Our new address is: 536 N. Monroe Street, Tallahassee, Florida 32301

Thanks for your help!

RECEIVED
03 OCT 14 PM 3:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 OCT 14 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

536 North Monroe Street ■ Tallahassee, Florida 32301 ■ 850/402-9000 ■ Fax 850/402-9001 ■ www.cpservices.net