

L02000024758

APPROVAL
AND
FILED

04 MAY 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024758

1. Limited Liability Company's Name
ALAFAYA HOUSING PARTNERS, LLC

900035441879
05/05/04--01015--022 **150.00

2. Principal Office Address
11850 UNIVERSITY BLVD

3. Mailing Office Address
11850 UNIVERSITY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32817 US

Zip Country
32817 US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
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
KATHLEEN S. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
311 ALTAMONTE COMMERCE BLVD

Suite, Apt. #, Etc.
SUITE 1612

City
ALTAMONTE SPRINGS

State Zip Code
FL 32714

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
Kathleen S. Anderson
REGISTERED AGENT MUST SIGN

Date
4/30/04

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	PEGRAM, GEORGE L	11850 UNIVERSITY BLVD	ORLANDO, FL 32817

900035441879
06/01/04--01021--002 **50.00

REINSTATEMENT

2003-04

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

Date
4.30.04
Daytime Phone #
477-380-6000

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)