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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029670

1. Limited Liability Company's Name

THE COTTAGES AT ATLANTIC BEACH, LLC

2. Principal Office Address	3. Mailing Office Address
60 Ocean Boulevard	60 Ocean Boulevard
Suite, Apt. #, etc.: Suite One	Suite, Apt. #, etc.: Suite One
City & State: Atlantic Beach, FL	City & State: Atlantic Beach, FL
Zip: 32233 Country: USA	Zip: 32233 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11-06-2002

6. FEI Number: 81-0579204 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Mary A. Robison, Esquire
Fisher, Tousey, Leas & Ball, P.A.

Street Address (P.O. Box Number is Not Acceptable): One Independent Drive

Suite, Apt. #, Etc.: Suite 2600

City: Jacksonville State: FL Zip Code: 32202

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: [signature] REGISTERED AGENT MUST SIGN Date: 4/07/04

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
MGRM	Michael A. Sones	60 Ocean Boulevard, Suite One, Atlantic Beach, FL 32233	

11. I certify that I am a 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 the 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: 4/06/04 Daytime Phone #: (904) 246-9593

Typed or printed name of signing Managing Member/Manager: Michael A. Sones

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

THE COTTAGES AT ATLANTIC BEACH, LLC

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J. BRYAN APR - 9 2004