
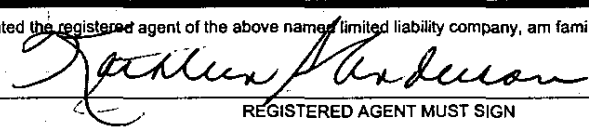
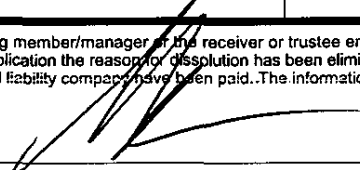


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000030172			
1. Limited Liability Company's Name DORMITORY HOUSING PARTNER, LLC			
2. Principal Office Address 11850 UNIVERSITY BLVD Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32817 Country US		3. Mailing Office Address 11850 UNIVERSITY BLVD Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32817 Country US	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 FL Zip Code 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  Date 4/30/04 REGISTERED AGENT MUST SIGN			
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	PEGAM, GEORGE L	11850 UNIVERSITY BLVD	ORLANDO, FL 32817
MGR	DEMETREE, MARY L	3348 EDGEWATER DRIVE	ORLANDO, FL 32804
REINSTATEMENT - 2004			
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 # Typed or printed name of signing Managing Member/Manager			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)