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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

1. DOCUMENT # L02000034064

Name and Mailing Address

0001752 01 AT 0.292 **AUTO T6 0 0616 32225-556981
CRESCENT BARTRAM PARK, LLC
13361 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225-5569

2. New Mailing Address: 400 S. Tryon Street, Suite 1300	4. State/Country of Formation: FL
City, State, Zip: Charlotte, NC 28202	5. Date Organized or Qualified To Do Business in Florida: 12/18/2002
Principal Place of Business: 13361 ATLANTIC BOULEVARD, JACKSONVILLE FL 32225	3. New Principal Place of Business Address:
	City, State, Zip:
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	9. Name and Address of New Registered Agent
CFRA, LLC 777 SOUTH HARBOUR ISLAND BOULEVARD TAMPA FL 33602-5730	Name: Bryan W. Sykes, Esq. Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin St., Suite 2200 City: Tampa FL Zip Code: 33602

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: Nov. 6, 2003

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
Managing Member	Crescent Resources, LLC	400 S. Tryon St., Ste. 1300	Charlotte, NC 28201-1003

11-10-03

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.

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Signature of Managing Member/Manager: SIGNATURE REQUIRED Date: 11/3/03 Daytime Phone #: 704-375-8376

Typed or printed name of signing Managing Member/Manager: Mike Wiggins, Vice President ~~Retail Development for Crescent Resources, LLC, Managing Member~~

2012

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

CRESCENT BARTRAM PARK, LLC

Certificate of Status	1
Certified Copy	0
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