PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB -1 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L03000020657

1. Limited Liability Company's Name
Regency Pointe 1 - TGH, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8803 Lake Mabel Dr		8803 Lake Mabel Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando		Orlando	
Zip	Country	Zip	Country
32836	USA	32836	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/11/05

6. FEI Number: 20-3754152 ☐ 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: Tom Harvey
Street Address (P.O. Box Number is Not Acceptable): 8803 Lake Mabel Dr
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32836

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Tom Harvey Date: 01/02/08
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
MGRM	Tom Harvey	8803 Lake Mabel Dr Orlando	Orlando FL 32836

REINSTATEMENT 06-08

400113819404
01/25/08--01037--002 **177.50

400113819404
01/04/08--01037--003 **238.75

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: Tom Harvey Date: 01/02/08 Daytime Phone #: 407-876-6504

Typed or printed name of signing Managing Member/Manager: Tom Harvey