

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000036407

1. Limited Liability Company's Name

Fairview Woodland Development, LLC

2. Principal Office Address

1 Florida Park Dr. North

3. Mailing Office Address

180 Park Valley Drive

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Coppell, TX

Zip

32137

Country

US

Zip

75019

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

09/24/2003

6. FEI Number
54-2127392

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

Palmetto Charter Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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]

John P. Ferguson, V.P.

Date 10/24/05

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	Keith J. Wilson	1 Florida Park Drive North, Suite 204	Palm Coast, FL 32137
Mgr	James J. Woodward	180 Park Valley Drive	Coppell, TX 75019
			500061262425
			11/08/05--01052--007 **200 10
			REINSTATEMENT 04-05

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

[Signature]

Date 10/17/05

Daytime Phone #

214-668-9028

Typed or printed name of signing Managing Member/Manager

James J. Woodward, Manager