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Florida Department of State
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
FORUM II, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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10 OCT -8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000027249

1. Limited Liability Company's Name

Forum II, LLC

REINSTATEMENT 2009-10 $

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
270 Carpenter Drive	Same
Suite, Apt #, etc. 265	Suite, Apt #, etc.
City & State Atlanta, GA	City & State GA
Zip 31328 Country USA	Zip Country

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida: 3-17-2005
6. FEI Number: 113-782928 ☐ 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: Robert A. Brooks
Street Address (P.O. Box Numbers Not Acceptable): 9160 Forum Corporate Pkwy
Suite, Apt #, Etc.: 220
City: Ft. Myers State: FL Zip Code: 33905

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] Date: 9-27-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Sibley Forum I Associates, LLC	270 Carpenter Drive	Atlanta, GA

11. E-mail Address: [illegible]
(To be used for future annual report notification)

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 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: 10-6-10 Daytime Phone #: 404-995-8191

Typed or printed name of signing Managing Member/Manager: Todd Nocerini

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