L09000074287

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
THE GROVE AT CALLAWAY, LLC

Certificate of Status	0
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Page Count	01
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$277.50

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/06)

DOCUMENT # L06000074287

1. Limited Liability Company's Name
The Grove at Callaway, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9362 Hollow Way Road	9362 Hollow Way Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dallas, TX	City & State: Dallas, TX
Zip: 75220 Country: USA	Zip: 75220 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified to Do Business in Florida: 07/28/2006
6. FEI Number: 205376211 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: J. Robert Hughes, Esq.
Street Address (P.O. Box Number is Not Acceptable): 220 McKenzie Avenue
Suite, Apt. #, Etc.:
City: Panama City State: FL Zip Code: 32401

☑ 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: J. Robert Hughes — REGISTERED AGENT MUST SIGN — Date: 11/10/2009

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bridge Harbor Investment Co., LLC	9362 Hollow Way Road	Dallas, TX 75220

REINSTATEMENT 2008-09

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 608.508, F.S.; and that all taxes 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: 11/12/09 Daytime Phone #: 214 987 2260

Typed or printed name of signing Managing Member/Manager: Elizabeth Williams