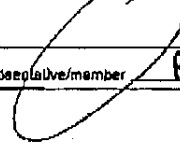


May 4, 2016 2:34PM Clark & Albaugh, LLP

1 of 2 pages
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16 MAY -4 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000023189			
1. Limited Liability Company's Name FOUNTAINS AT FALKENBURG II MANAGERS, L.L.C.			
2. Principal Office Address - No P.O. Box # 200 E. Canton Ave		3. Mailing Office Address 200 E. Canton Ave	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country USA	Zip 32789	Country USA
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida 03/01/2007			
6. FBI 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			
Name Clark & Albaugh, LLP			
Street Address (P.O. Box Number is Not Acceptable) Suite, 700 W. Morse Blvd			
Apt. #, Etc. Suite 101			
City Winter Park		State FL	Zip Code 32789
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S. Signature of Registered Agent  Date May 4, 2016 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Paul M. Missigman	200 E. Canton Ave, Suite 102	Winter Park, FL 32789
MGR	Tricia Doody	200 E. Canton Ave, Suite 102	Winter Park, FL 32789
11. E-mail Address: corp@winterparklawyers.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, 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 requirement of section 805.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 5/4/16	Daytime Phone # (407) 741-8500
Typed or printed name of signing authorized representative/member Paul M. Missigman			

H16000117203

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Division of Corporations
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
FOUNTAINS AT FALKENBURG II MANAGERS, L.L.C.

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