May. 4. 2016 2:34PM Clark & Albaugh, LLP No. 0657 P. 2/2

H16000111203

APPROVED AND FILED

16 MAY -4 PM 3:39

SECRETARY OF STATE TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000023199

1. Limited Liability Company's Name
FOUNTAINS AT FALKENBURG II MANAGERS, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 E. Canton Ave	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. FEI 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 605, F.S.

Signature of Registered Agent _____ Date May 4, 2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	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 605, 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 605.0012, 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

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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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