Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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13 OCT -2 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
SANDPIPER APARTMENTS OF CASSELBERRY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

OCT 02 2013
S. PRATHER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT # L07000040975

1. Limited Liability Company's Name
Sandpiper Apartments of Casselberry LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
389 Grant Park Place,SE	1343 Main street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	Suite 201
City & State	City & State
Atlanta	Sarasota,FL
Zip / Country	Zip / Country
30315 / USA	34236 / USA

CR2E013(7/11)

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4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 5-17-2007

6. FEI Number
208995328
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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation | State: FL | Zip Code: 33324

E-mail Address:
REINSTATEMENT
Casey@westwindmgt.com
(To be used for future annual report notices)

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: Katie Wonsch Katie Wonsch, Asst Sect Date 10/02/13
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
MGRM	Marilyn Murphy	389 Grant Park Place	Atlanta, GA 30315
MGR	Richard Wakeley	535 Golden Pond Court	Jacksonville, FL 32259
			OCT 0 2 2013
			S. PRATHER

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 complies the requirements of section 608.408, 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 Managing Member/Manager: Richard Wakeley MGR Date 10-2-13 Daytime Phone # 904-525-0795

Typed or printed name of signing Managing Member/Manager: Richard Wakeley