Sep. 4. 2015 10:29AM Clark & Albaugh, LLP

H No. 03550 P. 2 1083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

15 SEP -4 PM 12:39

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000085305

1. Limited Liability Company's Name
FL Capital Holdings Fountains I, 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, Apt. #, etc.
Suite 102	Suite 102
City & State	City & State
Winter Park, Florida	Winter Park, Florida
Zip / Country	Zip / Country
32789 / USA	32789 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 06/21/2007

6. FEI Number
20-4647542
☐ 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 West Morse Blvd

Apt. #, Etc.
Suite 101

City / State / Zip Code
Winter Park / FL / 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 Sept 4, 2015
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	CIS Housing Partners, L.P.	200 E. Canton Ave, Ste 102	Winter Park, FL 32789
	SEP 04 2015	REINSTATEMENT	
	R. HUNT		

11. E-mail Address: corp@winterparklawyers.com
(Type 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 9.4.2015 Daytime Phone # (407) 741.8500

Typed or printed name of signing authorized representative/member Michael J. Scarrino

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
FL CAPITAL HOLDINGS FOUNTAINS I, L.L.C.

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