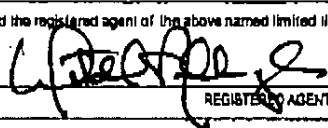
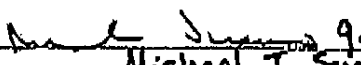


Sep. 4. 2015 10:29AM Clark & Albaugh, LLP

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000085305			
1. Limited Liability Company's Name: FL Capital Holdings Fountains I, L.L.C.			
2. Principal Office Address - No P.O. Box # 200 E. Canton Ave Suite, Apt. #, etc. Suite 102 City & State Winter Park, Florida Zip 32789 Country USA		3. Mailing Office Address 200 E. Canton Ave Suite, Apt. #, etc. Suite 102 City & State Winter Park, Florida Zip 32789 Country USA	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 08/21/2007			
6. FID Number 20-4647542		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$3.00 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 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 <u>Sept 4, 2015</u> 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, LP.	200 E. Canton Ave, Ste 102	Winter Park, FL 32789
SEP 04 2015			
R. HUNT			
REINSTATEMENT			
11. E-mail Address: <u>corp@winterparklawyers.com</u> (Type name 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. 817.153, F.S.			
Signature of authorized representative/member  9.4.2015 Daytime Phone # (407) 741.8500 Typed or printed name of signing authorized representative/member <u>Michael J. Sciarino</u>			

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Clark & Albaugh, LLP

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LIMITED LIABILITY REINSTATEMENT
FL CAPITAL HOLDINGS FOUNTAINS I, L.L.C.

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R. HUNT