


L07000067947

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 09 SEP 21 AM 8:46

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L07000067947
 1. Limited Liability Company's Name
Flamingo Park III LLC 08

2. Principal Office Address - No P O Box # <u>Seagis Property Group</u> Suite, Apt #, etc		3. Mailing Office Address <u>Seagis Property Group</u> Suite, Apt #, etc	
<u>One Tower Bridge, Ste 1370</u> City & State		<u>One Tower Bridge, Ste 1370</u> City & State	
<u>West Conshohocken, PA</u> Zip		<u>W Conshohocken PA</u> Zip	
<u>19428</u> Country	<u>US</u> Country	<u>19428</u> Country	<u>US</u> Country

4. State/Country of Formation
 5. Date Organized or Qualified To Do Business in Florida
 6. FEI Number Applied For Not Applicable
 7. CERTIFICATE OF STATUS DESIRED \$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
 Name
Corp Direct Agents, Inc
 Street Address (P O Box Number is Not Acceptable)
515 East Park Ave
 Suite, Apt #, Etc
Tallahassee, FL 32301
 City State Zip Code
FL

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Womack, Asst. Sec. Date 9/21/09
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Mr</u>	<u>Ken Moyer</u>	<u>one tower bridge, ste 1370</u>	<u>West Conshohocken PA 19380</u>
		<u>MK</u>	
REINSTATEMENT		<u>2008-2009</u>	<u>200160906622</u>
			<u>09/22/09--01006--001 **27.50</u>

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 satisfies the requirements of section 608 406, 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.

Signature of Managing Member/Manager [Signature] Date 9.9.09 Daytime Phone # 484.530.9133 x16
 Typed or printed name of signing Managing Member/Manager

CR2E041 (10/08)