

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 20 PM 2: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # L08000067612

1. Limited Liability Company's Name

FCLC Almeda Mezz North Tower LLC

000230233510
04/20/12--01003--013 **521.25
REINSTATEMENT 10-12

2. Principal Office Address - No P.O. Box #

300 International Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Heathrow, Florida

Zip

32746

Country

USA

3. Mailing Office Address

300 International Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Heathrow, Florida

Zip

32746

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

07/07/2008

6. FEI Number

26-2994623

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

Katherine A. Christy

Street Address (P.O. Box Number is Not Acceptable)

300 International Parkway

Suite, Apt. #, Etc

Suite 300

City

Heathrow

State

FL

Zip Code

32746

E-mail Address:

clare@florida-capital.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

Date 4-16-12

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
MGR	Katherine A. Christy	300 International Parkway, Suite 300	Heathrow, FL 32746

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. 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

Date 4-16-12

Daytime Phone # 407-333-1604

Typed or printed name of signing Managing Member/Manager Katherine A. Christy