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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000105109

1. Limited Liability Company's Name
THE VENETIAN AT CAPRI ISLES I, LLC
C/O EAGLE REALTY GROUP
ATTN: ANITA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
421 EAST FOURTH ST.	421 East Fourth St.
Suite, Apt. #, etc. M.S. 83	Suite, Apt. #, etc. M.S. 83
City & State CINCINNATI, OHIO	City & State Cincinnati, OH
Zip 45202 Country USA	Zip 45202 Country USA

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 07/13/2007
6. FEI Number: 27-3622118 ☐ 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: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

OCT - 1 2014
L. SELLERS

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: Jenifer Vincent — Jenifer Vincent, Vice President & Assistant Secretary — 9/30/14
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	ANITA G. KUPPIN	421 EAST FOURTH ST.	CINCINNATI, OH 45202
	Assistant Vice President & DIRECTOR		
	Property Managment, Eagle Realty Group	REINSTATEMENT 2012-2014	
AR	JOHN C. HICKS	5756 ROYAL LYTHAM COURT	DUBLIN, OH 43017
	Managing Member		

11. E-mail Address: anita.kuppin@eaglerealtygroup.com
(To be 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 requirements of section 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Anita Kuppin, AVP & Director — 9-29-14 — Daytime Phone #: 513-361-7717

Typed or printed name of signing Authorized Representative/Manager: Anita Kuppin

Eagle Realty Group, Managing Agent
The Venetian at Capri Isles I, LLC

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
THE VENETIAN AT CAPRI ISLES I, LLC

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