

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000123142

1. Limited Liability Company's Name

FC Boulder Creek II, LLC

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

300 International Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Heathrow, FL

Zip

32746

Country

USA

3. Mailing Office Address

300 International Parkway

Suite, Apt. #, etc.

Suite 300

City & State

Heathrow, FL

Zip

32746

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

09/26/2012

6. FEI Number

46-11472064

☐ 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:

500255497545
01/10/14--01030--009 **377.50

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 605, F.S.

Signature of
Registered Agent

K.A. Christy

Date

1-9-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Katherine A. Christy	300 International Parkway, Suite 300	Heathrow, FL 32746

REINSTATEMENT

13-14

11. I certify that I am an authorized person 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 Chapter 605, 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 Person

K.A. Christy

Date

1-9-14

Daytime Phone # 407-333-1604

Typed or printed name of signing Authorized Person Katherine A. Christy

JAN 10 2014

M WILLIAMS