APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 OCT -3 PM 4:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000126164

1. Limited Liability Company's Name
6505 MEMPHIS ARLINGTON BARTLETT TN, LLC

# REINSTATEMENT

CR2E041 (1/11)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 4280 Professional Center Drive | | 4280 Professional Center Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 100 | | Suite 100 | |
| City & State | | City & State | |
| Palm Beach Gardens, FL | | Palm Beach Gardens, FL | |
| Zip | Country | Zip | Country |
| 33410 | Palm Beach | 33410 | Palm Beach |

4. State/Country of Formation
Palm Beach County, Florida

5. Date Organized or Qualified To Do Business in Florida: October 2, 2012

6. FEI Number: 61-1718038 — 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: Cristian J. Fernandez, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4280 Professional Center Drive

Suite, Apt. #, Etc.: Suite 110

City: Palm Beach Gardens — State: FL — Zip Code: 33410

E-mail Address: lisa@noblep.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 10/3/13

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 | Traci L. Ambrosino | 4280 Professional Center Dr, Suite 100 | Palm Beach Gardens, FL 33410 |
| MGR | Paul Forberger | 4280 Professional Center Dr, Suite 100 | Palm Beach Gardens, FL 33410 |
| | | | |
| | | | 100252956866 10/04/13--01001--014 **238.75 |
| | | | OCT 03 2013 |
| | | | S. PRATHER |

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 10/3/2013 Daytime Phone # 561-966-0070

Typed or printed name of signing Managing Member/Manager: Traci L. Ambrosino, Manager