Florida Department of State

Division of Corporations
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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LIMITED LIABILITY REINSTATEMENT
VILLAGGIO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$243.75

DEC 04 2015
R. HUNT

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC -4 PM 3:10

DOCUMENT # L13000046720

1. Limited Liability Company's Name
Villaggio, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3900 Wisconsin Avenue NW	3900 Wisconsin Avenue NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MS 8H-203	MS 8H-203
City & State	City & State
Washington, DC	Washington, DC
Zip / Country	Zip / Country
20016 / USA	20016 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
March 29, 2013

6. FEI Number
90-0954321
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 Connie Bruno Date 12/4/2015
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	Blue Valley Apartments, Inc.	3900 Wisconsin Ave NW, MS 8H-203	Washington, DC 20016

REINSTATEMENT

DEC 04 2015

11. E-mail Address: lisa_r_holmes@fanniemae.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 605.0012, 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 Steven M. Bush Date 12/04/2015 Daytime Phone # 972-773-7623

Typed or printed name of signing Authorized Representative/Manager Steven M. Bush, VP of Manager