

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
VILLAGGIO, LLC**

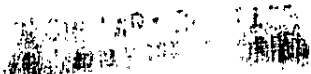
Certificate of Status	1
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DEC 04 2015
R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA 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 # 3900 Wisconsin Avenue NW		3. Mailing Office Address 3900 Wisconsin Avenue NW	
Suite, Apt. #, etc. MS 8H-203		Suite, Apt. #, etc. MS 8H-203	
City & State Washington, DC		City & State Washington, DC	
Zip 20016	Country USA	Zip 20016	Country USA

4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida
March 29, 20136. FEI Number
90-0954321Applied For
Not Applicable7. 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 Plantation	State FL	Zip Code 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 Bruon

Date 12/4/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	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

P. 13107

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

Date 12/04/2015

Daytime Phone # 972-773-7623

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