FILED

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000101579

1. Limited Liability Company's Name
Queen Virgin Remy Gardens, LLC

DEC 15 2017

L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
17325 Northwest 27th Avenue		17325 Northwest 27th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 202		Unit 202	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33056	USA	33056	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 10, 2015

6. FEI Number: 47-4258139 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 515 East Park Avenue, 2nd Floor

City: Tallahassee State: FL Zip Code: 32301

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: Barbara A Kaufuss Barbara A. Kaufuss, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date: 12/15/2017

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	Dennis McKinley	4045 Orchard Road, Building 400	Atlanta, GA 30080
AR	Mitesh Patel	4045 Orchard Road, Building 400	Atlanta, GA 30080
AR	Scott Minot	4045 Orchard Road, Building 400	Atlanta, GA 30080

11. E-mail Address: mpatel@patelburkhalter.com; awood@patelburkhalter.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 requirement 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 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 representative/member: [signature] Date: 12-14-2017 Daytime Phone #: 678-269-6602

Typed or printed name of signing authorized representative/member: Scott Minot

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Number : I20160000017
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LIMITED LIABILITY REINSTATEMENT
QUEEN VIRGIN REMY GARDENS, LLC

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Page Count	02
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