

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95000000588

Limited Liability Company's Name

COLD SPRINGS COMMUNITIES, L.C.

REINSTATEMENT

2000
2002

1. Principal Office Address 665 Harold Avenue Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Winter Park, Florida		City & State	
Zip 32789	Country USA	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 7-26-95	
6. FEI Number 59-3329117		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Michael A. Nader	
Street Address (P.O. Box Number is Not Acceptable) 665 Harold Avenue	
Suite, Apt. #, Etc.	
City Winter Park, Florida	State FL
Zip Code 32789	

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*****230.00 *****230.00

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 [Signature] Date 1/11/02
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
MGRM	Ashland Homes, LLC	665 Harold Avenue	Winter Park, Florida 32789

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*****25.00 *****25.00

1. 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.

Signature of Managing Member/Manager [Signature] Date 1/11/02 Daytime Phone # (407) 622-7100
Typed or printed name of signing Managing Member/Manager Michael A. Nader