L96000001293

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 15 PM 4:02

DOCUMENT # L96000001293

1. Limited Liability Company's Name
FOUNTAIN SQUARE RESIDENCES, L.C.

2. Principal Office Address	**3.** Mailing Office Address
225 E. Edgewood Dr.	c/o Stephen A. Chetek 1901 W. Cypress Creek Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. #415
City & State Lakeland, FL	City & State Ft. Lauderdale, FL
Zip / Country 33803 / USA	Zip / Country 33309 / USA

4. State/Country of Formation
USA

5. Date Organized or Qualified To Do Business in Florida
12/10/96

6. FEI Number
36-4122360
☐ 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
Stephen A. Chetek

Street Address (P.O. Box Number is Not Acceptable)
1901 W. Cypress Creek Road MJH

Suite, Apt. #, Etc.
Ste. #415

City / State / Zip Code
Ft. Lauderdale / FL / 33309

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 11/10/99
REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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	Chetek, Stephen A.	1901 W. Cypress Creek Rd. Ste. 415	Ft. Lauderdale, FL 3330
MGR	Multack, David	660 LaSalle Place, #260	Highland Park, IL 60035
MGR	Evans, Arthur	180 N. LaSalle St.,#2401	Chicago, IL 60601

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REINSTATEMENT 1999

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.

Signature of Managing Member/Manager _____ Date 11/10/99 Daytime Phone # 954-202-0041

Typed or printed name of signing Managing Member/Manager Stephen A. Chetek