

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

00 OCT 27 PM 11:02

DOCUMENT # L98000001247

1. Limited Liability Company's Name

Woodcreek National, L.C.

2. Principal Office Address

3100 Monticello

Suite, Apt. #, etc.

Suite 200

City & State

Dallas, Texas

Zip

75205

Country

USA

3. Mailing Office Address

3100 Monticello

Suite, Apt. #, etc.

Suite 200

City & State

Dallas, Texas

Zip

75205

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7-28-98

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name

CT Corporation

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 608, F.S.

Signature of
Registered Agent

C. Morales

C. Morales
Special Asst. Secretary

Date 10/24/00

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 |
|--------|--------------------------------------|---|-----------------------|
| MEM | Tarragon Realty Investors, Inc. | 3100 Monticello, Suite 200 | Dallas / TX / 75205 |
| | | | 400003456184--1 |
| | | | -11/07/00--01123--006 |
| | | | ***155.00 ***155.00 |
| | | | |
| | | | |

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

Tarragon Realty Investors, Inc., sole member

Kathryn Mansfield

10/24/00

Daytime Phone #

214-599-2200

Typed or printed name of signing Managing Member/Manager

Kathryn Mansfield

CR2E041 (9/00)