


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 # <u>L98000002697</u>			
1. Limited Liability Company's Name <u>Orlando Central Park Tarragon, L.L.C.</u>			
2. Principal Office Address <u>3100 Monticello</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Dallas, Texas</u> Zip <u>75205</u> Country <u>USA</u>		3. Mailing Office Address <u>3100 Monticello</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Dallas, Texas</u> Zip <u>75205</u> Country <u>USA</u>	
		4. State/Country of Formation <u>Florida</u>	
		5. Date Organized or Qualified To Do Business in Florida <u>11-16-98</u>	
		6. FEI Number <u>75-2793341</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 35.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <u>CT Corporation</u> 700003456197-0			
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> -11/07/00--01123-011			
Suite, Apt. #, Etc. _____ ****155.00 ****155.00			
City <u>Plantation</u>		State <u>FL</u>	Zip Code <u>33324</u>
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 <u>C. Morales</u>		Date <u>10/24/00</u>	
C. Morales Special Asst. Secretary 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
<u>MGRM</u>	<u>Tarragon Realty Investors, Inc.</u>	<u>3100 Monticello Suite 200</u>	<u>Dallas / TX / 75205</u>
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 <u>Kathryn Mansfield</u> Date <u>10/24/00</u> Daytime Phone # <u>214-599-2200</u>			
Typed or printed name of signing Managing Member/Manager <u>Kathryn Mansfield</u>			

CR2E041 (9/00)