

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 30 PM 11:02

*[Handwritten signature]*

DOCUMENT #

L99-1064

1. Limited Liability Company's Name

Palms West Housing Foundation, L.L.C.

**REINSTATEMENT** 2000

2. Principal Office Address

One Buckhead Plaza  
3060 Peachtree Road, N.W.

Suite, Apt. #, etc.

Suite 1150

City & State

Atlanta, GA

Zip

30305

Country

USA

3. Mailing Office Address

One Buckhead Plaza  
3060 Peachtree Road, N.W.

Suite, Apt. #, etc.

Suite 1150

City & State

Atlanta, GA

Zip

30305

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

February 25, 1999

6. FEI Number

58-2446796

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200003459342-4

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\*\*\*\*150.00 \*\*\*\*150.00

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

*Mary R. Adams*

MARY R. ADAMS

REGISTERED AGENT ASSISTANT SECRETARY

Date 10/23/00

**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
	RHA/Housing, Inc.	One Buckhead Plaza, Suite 1150 3060 Peachtree Road, N.W.	Atlanta, GA 30305

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

*Bryant G. Coats*  
Bryant G. Coats

Date

10/25/00

Daytime Phone #

(404) 364-2900

Typed or printed name of signing Managing Member/Manager

Bryant G. Coats