

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

00 DEC 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001110

1. Limited Liability Company's Name

THE RESERVE AT POINTE MEADOWS LLC

2. Principal Office Address

8700 HOPEMONT WAY
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

KNOXVILLE TN

City & State

SAME

Zip Country

37923 USA

Zip

SAME

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

FEBRUARY 10, 1999

6. FEI Number

31-1646499

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

BERT C. SIMON, ESQUIRE GARTNER, BROCK AND SIMON

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

1660 PRUDENTIAL DRIVE SUITE 203

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

X 12/6/00

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
MGR:	ALLIANCE CORP OF TN	8700 HOPEMONT WAY	KNOXVILLE TN 37923

11. I certify that I am managing member/manager, 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

X [Signature]

Date

X 11/21/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ROBERT L. FOOTE

CR2041 (9/98)