DEC. 15. 2003 9:29PM NO. 896 P. 2

Fax Audit No.: H03000336174

L99000002298

1002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
03 DEC 16 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002298

1. Limited Liability Company's Name
CENTENNIAL AMERICAN PROPERTIES-FLORIDA, L.L.C.

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
3105 Sawgrass Village Circle	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, Florida	City & State
Zip: 32082 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/22/1999

6. FEI Number: 59-3574998 ☐ 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: F&L CORP.

Street Address (P.O. Box Number is Not Acceptable): 200 LAURA STREET

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32202

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 By: Charles V. Hedrick Date: 12/15/2003

Charles V. Hedrick, REGISTERED AGENT MUST SIGN authorized signatory

CR2E041 (10/02)

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
MGRM	Centennial American Real Estate, Ltd.	131 Falls Street, Suite 100	Greenville, SC 29601
MGRM	Centennial American Properties, LLC	131 Falls Street, Suite 100	Greenville, SC 29601

12-16-03

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 608.408, 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: David W. Glenn Date: 12/15/03 Daytime Phone #: 864-271-3894

Typed or printed name of signing Managing Member/Manager: David W. Glenn