PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

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

01 DEC 18 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003362

1. Limited Liability Company's Name
MAINE BOULEVARD, LLC

2. Principal Office Address	3. Mailing Office Address
378 CENTER POINTE CR.	P.O. BOX 953066
Suite, Apt. #, etc.: Suite 1272	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State: LAKE MARY, FL
Zip: 32701 Country: USA	Zip: 32795 Country: USA

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 6/10/99
6. FEI Number: Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED: X — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CHARLES E. HAWTHORNE, JR
400004739654--0
12/26/01 01091 002
****155.00 **** 55.00
Street Address (P.O. Box Number is Not Acceptable): 378 CENTER POINTE CR.
Suite, Apt. #, Etc.: Suite 1272
City: ALTAMONTE SPRINGS State: FL Zip Code: 32701

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: Charles E Hawthorne Jr Date: 11/16/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGMR	REIM APARTMENTS, LC	378 Center Pointe, Ste 1272	Altamonte Springs, FL 32701
MGMR	Charles E. Hawthorne, JR.	"	"

REINSTATEMENT
dcr

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: Charles E Hawthorne Jr Date: 11/16/01 Daytime Phone #: (407) 592-0808

Typed or printed name of signing Managing Member/Manager: CHARLES E. HAWTHORNE, JR.