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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000000736

1. Limited Liability Company's Name
North St. Petersburg, LLC

800009604788
12/19/02--01100--004 **5.00

2. Principal Office Address	3. Mailing Office Address
5600 Roswell Road	5600 Roswell Road
Suite, Apt. #, etc. Suite 226 Prado North	Suite, Apt. #, etc. Suite 226 Prado North
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30342 Country Fulton	Zip 30342 Country Fulton

4. State/Country of Formation Georgia

5. Date Organized or Qualified To Do Business in Florida 4/14/2000

6. FEI Number 58-2549023 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional fee required and is included in the total

8. Name and Address of Current Registered Agent

Name CT Corporation System

800009604788
12/19/02--01100--005 **200.00

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

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 CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 12/17/2002

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
M	Partnership Apartment Investments, Inc.	5600 Roswell Road Suite 226 Prado North	Atlanta, GA 30342

REINSTATEMENT OLD CUS

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 any signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [signature] Date 12-17-02 Daytime Phone # 404-330-1655

Typed or printed name of signing Managing Member/Manager Partnership Apartment Investments, Inc. by J. Stephen Vasen, President