

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LIMITED LIABILITY REINSTATEMENT
FLORIDA 4C PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,348.75

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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000000814 1. Limited Liability Company's Name Florida 4C Properties, LLC			
2. Principal Office Address - No P.O. Box # 8720 Red Oak Blvd. Suite, Apt. #, etc. Suite 300 City & State Charlotte, NC Zip 28217		3. Mailing Office Address: 8720 Red Oak Blvd. Suite, Apt. #, etc. Suite 300 City & State Charlotte, NC Zip 28217	
Country USA		Country USA	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 4/26/2000 6. FEI Number 061580284 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
E-mail Address: LDccrc@waterstoneccap.com (To be used for future annual report notices)		9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent <u><i>Stephanie Milnes</i></u> Date <u><i>7/27/2012</i></u> REGISTERED AGENT MUST SIGN	
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	Waterstone Asset Management, LLC	8720 Red Oak Blvd., Suite 300	Charlotte, NC 28217
REINSTATEMENT <i>04-12</i> <i>DBruce</i>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager <u><i>John M. Bruce</i></u> Date <u><i>7/24/2012</i></u> Daytime Phone # <u><i>704-924-6501</i></u>			

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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