

MO0000002678

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

01 NOV 19 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MO0000002678

1. Limited Liability Company's Name
Urban Housing Enterprises III, L.L.C.

2. Principal Office Address 450 Piedmont Avenue		3. Mailing Office Address 450 Piedmont Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30308	Country USA	Zip 30308	Country USA

4. State/Country of Formation Georgia	
5. Date Organized or Qualified To Do Business in Florida Dec. 22, 2000	
6. FEI Number 58-2632574	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Euro 951 Glenwood, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 4300 W. Cypress Street	
Suite, Apt. #, Etc. Suite 1075	
City Tampa	State FL
Zip Code 33607	

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 *[Signature]* Date *11/7/01*

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
MGRM	Kevin R. Moats	450 Piedmont Avenue	Atlanta, GA 30308

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 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 *[Signature]* Date *11/6/01* Daytime Phone # *404-881-6721*

Typed or printed name of signing Managing Member/Manager *Kevin R. Moats*

CRP/PAT 1 (9/00)