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
2002 OCT 16 PM 1:04
DIVISION OF CORPORATIONS,
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000400

1. Limited Liability Company's Name
Hometown University Lakes, L.L.C.

2. Principal Office Address	3. Mailing Office Address
150 N. Wacker Drive	150 N. Wacker Drive
Suite, Apt. #, etc.	Suite, Apt.# etc.
Suite 900	Suite 900
City & State	City & State
Chicago, IL	Chicago, IL
Zip / Country	Zip / Country
60606 / USA	60606 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business In Florida
2/22/2001

6. FEI Number
36-4196688
☐ 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
CT Corporation System

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

Suite, Apt. #, Etc.

City / State / Zip Code
Plantation / FL / 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 Connie Bryan, Special Asst. Sec. Date 10-16-02
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	Hometown America, L.L.C.	150 N. Wacker Drive, S-900	Chicago, IL 60606
			100008440911--8 -10/18/02--01020--002 ****150.00 ****150.00
			100008440911--8 -10/18/02--01020--003 *****5.00 *****5.00

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 Richard G. Cline Date 10/15/02 Daytime Phone # 312.499.1900

Typed or printed name of signing Managing Member/Manager By: Richard G. Cline, Jr.

CORPORATION(S) NAME

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2002 OCT 16 PM 1:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Hometown University Lakes, L.L.C.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

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10/16/02

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