

MO2000003513

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003513

1. Limited Liability Company's Name

FWB MAGNOLIA POINTE PROPERTIES, LLC

600024641096
11/13/03--01051--035 **155.00

2. Principal Office Address 50 HURT PLAZA Suite, Apt. #, etc. SUITE 300 City & State ATLANTA, GA Zip 30303		3. Mailing Office Address 1103 W. HIBISCUS BLVD Suite, Apt. #, etc. SUITE 408 City & State MELBOURNE, FL Zip 32901	
Country USA		Country USA	

4. State/Country of Formation GA	
5. Date Organized or Qualified To Do Business in Florida 12/31/2002	
6. FEI Number 20-0374813	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 RENEE SANDELL	
Street Address (P.O. Box Number is Not Acceptable) 1103 WEST HIBISCUS BOULEVARD	
Suite, Apt. #, Etc. SUITE 408	
City MELBOURNE	State FL
Zip Code 32901	

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 Renee Sandell Date 11/6/03
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	CDC MANAGER, INC.	50 HURT PLAZA, SUITE 300	ATLANTA, GA 30303

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 Michael D. Hurst Date 11/6/03 Daytime Phone # 919-510-9660
Typed or printed name of signing Managing Member/Manager Michael D. Hurst, Vice President of CDC Manager, Inc