

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
AIN11FL DAVENPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

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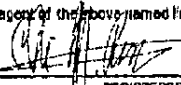
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DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000001380					
1. Limited Liability Company's Name AIN11FL Davenport LLC					
2. Principal Office Address - No P.O. Box # 13330 Noel Rd.			3. Mailing Office Address 13330 Noel Rd.		
Suite, Apt. #, etc. Suite 1127			Suite, Apt. #, etc. Suite 1127		
City & State Dallas, TX			City & State Dallas, TX		
Zip 75240	Country USA	Zip 75240	Country USA	CR2E041 (1/14)	
4. State/Country of Formation Delaware					
5. Date Organized or Qualified To Do Business in Florida 04/30/2003					
6. FEI Number 30-0177060				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status					
8. Name and Address of Current Registered Agent					
Name C T Corporation System					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 South Pine Island Road					
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 805, F.S.					
Signature of Registered Agent				Chris Rickard	
				Date 2/2/2017	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Member	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AS	Mauricio Renner	13330 Noel Rd., Suite 1127		Dallas, TX 75240	
REINSTATEMENT					
2016-2017					
11. E-mail Address: <u>cornerstone_capital@yahoo.com</u>					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, 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 requirement of section 805.0012, 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 authorized representative/member				Date 2/2/2017	
Typed or printed name of signing authorized representative/member				Daytime Phone #	
Mauricio Renner, AS					

FEB 16 2017
M. WILLIAMS

