

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 15 AM 9:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # M03000001754

1. Limited Liability Company's Name

Mountain Ventures KS Southeast, LLC

2004

BK

2. Principal Office Address

301 S. College Street

Suite, Apt. #, etc.

City & State
Charlotte, NC

Zip
28288

Country
US

3. Mailing Office Address

c/o Corporation Service Company

Suite, Apt. #, etc.

2711 Centerville Road, Ste. 400

City & State
Wilmington, DE

Zip
19808

Country
US

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 5/29/2003

6. FEI Number
06-1698548

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

100059681841

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301-2525

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

REGISTERED AGENT MUST SIGN

Jeanine Reynolds
as its agent

Date

9-15-05

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.	Peter Budko	301 S. College Street	Charlotte, NC 28288
Mgr.	Weston R. Garrett	301 S. College Street	Charlotte, NC 28288
Mgr.	David C. Montgomery	1339 Chestnut Street	Philadelphia, PA 19107

REINSTATEMENT 2004-2005

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

Date

9/13/05

Daytime Phone #

704-383-1949

Typed or printed name of signing Managing Member/Manager

Peter Budko

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598351 167868A

AUTHORIZATION :

COST LIMIT : \$ 200.00

FILED
05 SEP 15 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 15, 2005

ORDER TIME : 1:47 PM

ORDER NO. : 598351-005

CUSTOMER NO: 167868A

CUSTOMER: Ms. Teresa P. Loftin
Wachovia Corporation
301 S. College St, Nc0630
One Wachovia Center
Charlotte, NC 28288-0630

BK

REINSTATEMENT

NAME: MOUNTAIN VENTURES KS
SOUTHEAST, LLC

RECEIVED
05 SEP 15 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____