12/03/2004 14:47 [illegible] LISA GLASSMAN PAGE 02

M03000002932

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

100042228641
12/07/04 01021 011 $155.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002932

1. Limited Liability Company's Name
Regency Housing, LLC

2. Principal Office Address	3. Mailing Office Address
3333 S Congress Ave	3333 S. Congress Ave.
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Delray Beach FL	City & State: Delray Beach, FL
Zip: 33445 Country: U.S.A.	Zip: 33445 Country: U.S.A.

4. State/Country of Formation: Nevada

5. Date Organized or Qualified To Do Business in Florida: 9/4/2003

6. FEI Number: 870704037 ☐ 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: LISA I. GLASSMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2627 N.E. 203 St
Suite, Apt. #, Etc.: #100
City: Aventura State: FL Zip Code: 33180

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 _____ Date 12/6/04
REGISTERED AGENT MUST SIGN

CR2E011 (10/01)

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	David L. Kelly	663 April Sound	Pearl MS 39208
MGR	James J. Macalpine	6659 Southport Drive	Boynton Bch, FL 33437
MGR	Matthew P. Malouf	672 Vine St #2	Murray, UT 84107
MGR	Keith L. Barton	2975 W. Exec. Pkwy	Lehi, UT 84043

REINSTATEMENT 2004 BK

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 12-3-04 Daytime Phone # 561-276-2747

Typed or printed name of signing Managing Member/Manager James W. MacAlpine