


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 MAY 30 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M06000001492			
1. Limited Liability Company's Name OLY-IDA LAKE GRAY LLC			
2. Principal Office Address - No P.O. Box # 2801 Alaskan Way Suite, Apt. #, etc. 200 City & State Seattle Zip 98121 Country USA		3. Mailing Office Address 2801 Alaskan Way Suite, Apt. #, etc. 200 City & State Seattle Zip 98121 Country USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 03/13/2006	
6. FEI Number 204467902		Applied For 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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
E-mail Address: 600244781786 02/15/13-01033-021 ***377.50 rfoster@pinnaclefamily.com (To be used for future annual report notices)			
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 <u>Maura Cathel, R/P</u> Date <u>3/8/13</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	OLYMPIC IDAHO SPONSOR B, LLC	2801 Alaskan Way, Ste 200	Seattle, WA 98121
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. 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 Managing Member/Manager <u>Stanley J. Harrelson</u> Date <u>1/28/13</u> Daytime Phone # <u>206-215-9711</u> Typed or printed name of signing Managing Member/Manager <u>Olympic Idaho Sponsor B, LLC by Stanley J. Harrelson, Its Manager</u>			