$ 377.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 29 AM 9:44

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200182761292
06/30/10--01007--002 **377.50

DOCUMENT # M06000002776

CR2E041 (05/10)

1. Limited Liability Company's Name
Graystone Development GP, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
222 W. Las Colinas Blvd	222 W. Las Colinas Blvd
Suite, Apt. #, etc.: Ste. 2100	Suite, Apt. #, etc.: Ste. 2100
City & State: Irving, TX	City & State: Irving, TX
Zip: 75039 Country: USA	Zip: 75039 Country: USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 6/18/06

6. FEI Number: ☐ 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

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 6-15-10

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	Paul Steinhoff	222 W Las Colinas Blvd, Ste 2100	Irving, TX 75039
Mgr	Michael Lanahan	222 W Las Colinas Blvd, Ste 2100	Irving, TX 75039

11. E-mail Address: tmoden@graystonecommunities.com
(To be used for future annual report notifications)

12. 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 Paul Steinhoff Date 6/16/2010 Daytime Phone # 972-402-3700

Typed or printed name of signing Managing Member/Manager _____

REINSTATEMENT 2009, 2010

T. Hampton JUN 30 2010