


M06000003867

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>LIMITED LIABILITY COMPANY REINSTATEMENT</p>		<p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>																								
<p>DOCUMENT #</p> <p>1. Limited Liability Company's Name <i>Carillon Pointe LLC</i></p>																										
<p>2. Principal Office Address - No P.O. Box # <i>235 Third Street S. #300</i></p> <p>Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address <i>Same</i></p> <p>Suite, Apt. #, etc.</p>																								
<p>City & State <i>St. Petersburg, FL</i></p>		<p>City & State</p>																								
<p>Zip <i>33701</i></p>	<p>Country <i>US</i></p>	<p>Zip</p>																								
<p>4. State/Country of Formation <i>Delaware</i></p>		<p>5. Date Organized or Qualified To Do Business in Florida <i>7/12/06</i></p>																								
<p>6. FEI Number <i>42-1714638</i></p>		<p>Applied For <input type="checkbox"/> Not Applicable</p>																								
<p>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status</p>																										
<p>8. Name and Address of Current Registered Agent</p> <p>Name <i>CORPORATION SERVICE COMPANY</i></p> <p>Street Address (P.O. Box Number is Not Acceptable) <i>1201 HAYS STREET</i></p> <p>Suite, Apt. #, Etc.</p>		<p><input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.</p>																								
<p>City <i>TALLAHASSEE</i></p>	<p>State <i>FL</i></p>	<p>Zip Code <i>32301</i></p>																								
<p>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.</p> <p>Signature of Registered Agent <i>Heather Chapman</i> Heather Chapman as its agent Date <i>9/30/2008</i></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																										
<p>10. Names and Street Addresses of Managing Members/Managers</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titius</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td><i>Carillon Pointe LLC</i></td> <td><i>235 Third St. S. #300</i></td> <td><i>St. Petersburg, FL 33701</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>600136520726</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT <u>2007-2008</u></p>			Titius	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	<i>Carillon Pointe LLC</i>	<i>235 Third St. S. #300</i>	<i>St. Petersburg, FL 33701</i>				<i>600136520726</i>												
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<p>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.</p> <p>Signature of Managing Member/Manager <i>Chris Eastman</i> Date <i>9/29/08</i> Daytime Phone # <i>927-803-8276</i></p> <p>Typed or printed name of signing Managing Member/Manager <i>Chris Eastman</i></p>																										

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 08 SEP 30 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (10/08)



CORPORATION SERVICE COMPANY

M06000003867

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 740614 7541620

AUTHORIZATION

Ignacio Clemente

COST LIMIT : \$ 277.50

ORDER DATE : September 30, 2008

ORDER TIME : 9:03 AM

ORDER NO. : 740614-005

CUSTOMER NO: 7541620

REINSTATEMENT

NAME: CARILLON POINTE LLC

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS

BK

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TALLAHASSEE, FLORIDA