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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC -2 AM 11:38																													
DOCUMENT # M07000000349																																	
1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;">TIC ALTAMONTE SHS 29, LLC</div>																																	
2. Principal Office Address - No P.O. Box # 6363 Woodway Suite, Apt. #, etc. 110 City & State Houston, TX Zip 77057		3. Mailing Office Address 6363 Woodway Suite, Apt. #, etc. 110 City & State Houston, TX Zip 77057		4. State/Country of Formation Delaware/USA 5. Date Organized or Qualified To Do Business in Florida 12/12/2006																													
Country USA		Country USA		6. FEI Number 20-8957473 <input type="checkbox"/> Applied For <input type="checkbox"/> 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				<input 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.																													
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: <i>Donna Melvui Asst Sec.</i> <div style="text-align: right;"> 600138348736 12/01/08 Date 11/27-022 #238.75 </div> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</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>Donald D. Morrison, Trustee</td> <td>1090 Highway 49</td> <td>Placerville, CA 95667</td> </tr> <tr> <td>MGRM</td> <td>Lorraine D. Morrison, Trustee</td> <td>1090 Highway 49</td> <td>Placerville, CA 95667</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Donald D. Morrison, Trustee	1090 Highway 49	Placerville, CA 95667	MGRM	Lorraine D. Morrison, Trustee	1090 Highway 49	Placerville, CA 95667																
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REINSTATEMENT 2008																																	
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: <i>Donald D. Morrison</i> Date: 11/20/08 Daytime Phone # 530-626-4011 Typed or printed name of signing Managing Member/Manager: Please see attached. FAX 530-626-4004																																	

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TIC Altamonte SHS 29, LLC, a Delaware limited liability company

By: Donald D. Morrison
Donald D. Morrison, as trustee of the D.D. and L.M. Morrison Family Revocable Trust, its sole member

By: Lorraine M. Morrison
Lorraine M. Morrison, as trustee of the D.D. and L.M. Morrison Family Revocable Trust, its sole member