

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08000002406

1. Limited Liability Company's Name

South Pointe at Ft. Myers, LLC (Georgia)

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1100 Spring Street, N.W.

3. Mailing Office Address
1100 Spring Street, N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 550

Suite 550

City & State

City & State

Atlanta, Georgia

Atlanta, Georgia

Zip

30309

Country

U.S.

Zip

30309

Country

U.S.

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida

May 22, 2008

6. FEI Number

26-2212159

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
Hugo H. deBeaubien

Street Address (P.O. Box Number is Not Acceptable)
332 North Magnolia Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32802

E-mail Address:

600209695016
07/06/11--01003--004 **516.25

chargreaves@seligenterprises.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

Hugo H. deBeaubien
REGISTERED AGENT MUST SIGN

Date

7/4/11

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
MGRM	Selig Enterprises, Inc., a Georgia corporaion	1100 Spring Street, N.W., Ste. 550	Atlanta, Georgia 30309
		J. SAULSBERRY EXAMINER	REINSTATEMENT
		JUL 8 2011	2009-11

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

Date

6-28-11

Daytime Phone #

404-876-5511

Typed or printed name of signing Managing Member/Manager William J. Dawkins, Senior Vice President and Secretary