

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M09000002438**

1. Limited Liability Company's Name

**Inverrary AL/IL Real Estate Investors, LLC**

*2010*

2. Principal Office Address - No P.O. Box #

**3570 Keith Street, NW**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 3480**

Suite, Apt. #, etc.

City & State

**Cleveland, TN**

City & State

**Cleveland, TN**

Zip

**37312**

Country

**USA**

Zip

**37320-3480**

Country

4. State/Country of Formation

**Tennessee**

5. Date Organized or Qualified

To Do Business in Florida **6/25/2009**

6. FEI Number

**27-0428695**

☐ 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

**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

*Connie Bryan*

REGISTERED AGENT

**Connie Bryan**  
**Assistant Secretary**

Date

**12/31/2010**

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.	Developers Investment Company II, Inc.	3750 Keith Street, NW	Cleveland, TN 37312

**REINSTATEMENT**

*2010*

11. E-mail Address:

(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

By: *Joan E. Thurmond*

Date

**12-19-10**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Joan E. Thurmond, Assistant Secretary of Corporate Manager**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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