FILED
14 OCT 10 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001336

1. Limited Liability Company's Name
Golfview Apartments, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 Oakland Hills	1066 Woodward Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, FL	City & State: Detroit, MI
Zip: 32746 Country: United States	Zip: 48226 Country: United States

4. State/Country of Formation: Michigan, United States
5. Date Organized or Qualified To Do Business in Florida: 10/26/2006
6. FEI Number: 20-5803392 ☐ 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 605, F.S.

Signature of Registered Agent: Rebecca Barth Rebecca Barth Date: 10/9/0214
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR/Con	Kari Elenbaas	1066 Woodward Avenue	Detroit, MI 48226

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

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Kari J. Elenbaas Date: 10-9-14 Daytime Phone #: 313 373 7900

Typed or printed name of signing Authorized Representative/Manager: Kari Elenbaas

2852

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
GOLFVIEW APARTMENTS, LLC

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