
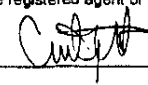



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 OCT 28 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>M13 000003451</u>					
1. Limited Liability Company's Name Fairfield Fairways Carolina LLC					
2. Principal Office Address - No P.O. Box # 5510 Morehouse Dr Suite, Apt. #, etc. 200 City & State San Diego Zip 92121 Country USA		3. Mailing Office Address 5510 Morehouse Dr Suite, Apt. #, etc. 200 City & State San Diego Zip 92121 Country USA		4. State/Country of Formation DE	
5. Date Organized or Qualified To Do Business in Florida 5/23/2013				6. FEI Number 38-3908447	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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 32301-2525					
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 <u></u> Courtney Williams Date <u>10.28.14</u> REGISTERED AGENT SIGNATURE Asst. Vice President					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
General Counsel	Jon A. MacDonald	5510 Morehouse Dr STE 200	San Diego, CA 92121		
Vice President	Richard Swanson	5510 Morehouse Dr STE 200	San Diego, CA 92121		
Vice President	Tracy Stottlemeyer	5510 Morehouse Dr STE 200	San Diego, CA 92121		
Vice President	Richard Boyton	5510 Morehouse Dr STE 200	San Diego, CA 92121		
11. E-mail Address: <u>vlujan@ffres.com</u> (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 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 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 <u></u> Date <u>10/27/14</u> Daytime Phone # _____					
Typed or printed name of signing Authorized Representative/Manager <u>Richard Swanson</u>					

RA 10/28/14



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 322045 7289217

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 1, 2014

ORDER TIME : 8:38 AM

ORDER NO. : 322045-005

CUSTOMER NO: 7289217

REINSTATEMENT

NAME: FAIRFIELD FAIRWAYS CAROLINA
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

TO AGENCY - 100%
SUFFICIENCY OF FILING

2014 OCT 28 PM 10:46