

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
GLICK APARTMENT HOLDINGS, LLC**

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M14000001105 1. Limited Liability Company's Name Glick Apartment Holdings, LLC			
2. Principal Office Address - No P.O. Box # 8801 River Crossing Boulevard Suite, Apt. #, etc. Suite 200 City & State Indianapolis, IN Zip 46240 Country USA		3. Mailing Office Address P.O. Box 40177 Suite, Apt. #, etc. City & State Indianapolis, IN Zip 46240 Country USA	
4. State/Country of Formation Indiana/USA		5. Date Organized or Qualified To Do Business in Florida 12/01/2013	
6. FEI Number 26-1546436		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.00 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 <u>James M. Halpin</u> Assistant Secretary Date <u>11/09/2016</u> REGISTERED AGENT MUST SIGN			
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
Mgr	Gene B. Glick Company, Inc., an IN Corp	8801 River Crossing Blvd., Suite 200	Indianapolis, IN 46240
Mgr	David O. Barrett	8801 River Crossing Blvd., Suite 200	Indianapolis, IN 46240
REINSTATEMENT			MAY 17 2017 R. HUNT
11. E-mail Address: _____ (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager of 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 <u>David O. Barrett</u> Date <u>11/9/16</u> Daytime Phone # _____ Typed or printed name of signing Authorized Representative/Manager <u>DAVID O. BARRETT</u> <u>PRESIDENT & CEO</u>			