

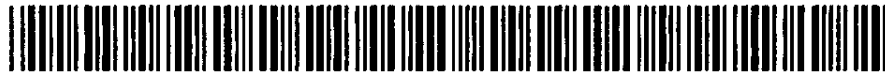
5/4/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000123440 3)))



H170001234403ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
DELRAY BEACH LEASED HOUSING ASSOCIATES I, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$516.25 |

RECEIVED  
2017 MAY -5 AM 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
17 MAY -5 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M14000002108

1. Limited Liability Company's Name  
DELRAY BEACH LEASED HOUSING ASSOCIATES I, LLC

CR2E041 (1/14)

|  |  |                |  |  |  |                |  |
|--|--|----------------|--|--|--|----------------|--|
| 2. Principal Office Address - No P.O. Box #<br>2905 NORTHWEST BLVD<br>Suite, Apt. #, etc.<br>STE 150<br>City & State<br>PLYMOUTH, MN<br>Zip<br>55441 |  | Country<br>USA |  | 3. Mailing Office Address<br>2905 NORTHWEST BLVD<br>Suite, Apt. #, etc.<br>STE 150<br>City & State<br>PLYMOUTH, MN<br>Zip<br>55441 |  | Country<br>USA |  |
|--|--|----------------|--|--|--|----------------|--|

|   |  |  |   |   |
|---|--|--|---|---|
| 4. State/Country of Formation<br>MN                       | 5. Date Organized or Qualified To Do Business in Florida<br>03/28/2014 | 6. FEI Number  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  | \$5.00 Additional Fee required for a Certificate of Status |   |   |

|   |             |                   |  |
|---|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent                                   |             |                   |  |
| Name<br>C T CORPORATION SYSTEM  |             |                   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 SOUTH PINE ISLAND ROAD |             |                   |  |
| Suite, Apt. #, Etc.   |             |                   |  |
| City<br>PLANTATION  | State<br>FL | Zip Code<br>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: *Cristie Myers* **Cristie Myers, Assistant Secretary** Date: 05/04/2017  
REGISTERED AGENT MUST SIGN

| 10. Names and Street Addresses of Authorized Representatives/Managers |   |  |                    |
|---|---|--|--------------------|
| Title   | Name of Authorized Representative/Manager | Street Address of Each Authorized Representative/Manager | City / State / Zip |
| Manager   | Paul Sween                                | 2905 NORTHWEST BLVD STE 150                              | Plymouth, MN 55441 |
| Manager   | Armand Brachman                           | 2905 NORTHWEST BLVD STE 150                              | Plymouth, MN 55441 |
| Manager   | Mark Moorhouse                            | 2905 NORTHWEST BLVD STE 150                              | Plymouth, MN 55441 |
| Manager   | Mark Sween                                | 2905 NORTHWEST BLVD STE 150                              | Plymouth, MN 55441 |
|   |   |  |                    |
|   |   |  |                    |

11. E-mail Address: dan.bolles@dominiuminc.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 505.0912, 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: *Paul Sween* Date: 5/4/2017 Daytime Phone #: 763-354-5500  
Typed or printed name of signing Authorized Representative/Manager: Paul Sween

T HENDERSON  
MAY 05 2017