

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000001370

1. Limited Liability Company's Name
HC-8625 Collier Blvd., LLC

200294288262

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # 4890 West Kennedy Blvd. Suite, Apt. #, etc. Suite 650, Two Urban Centre City & State Tampa, FL Zip 33609		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
Country USA		Country	

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 02/19/2015	
6. FEI Number 47-3420968	Applied For <input type="checkbox"/> Not Applicable
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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2525	
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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

M. Zender
REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date 1/13/17

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
Member	Carter Validus Operating Partnership II, LP	4890 W. Kennedy Blvd., Suite 650	Tampa, FL 33609

REINSTATEMENT

JAN 13 2017

R. HUNT

11. E-mail Address: annualreports@cscglobal.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Lisa A. Drummond

Date

1/13/17

Daytime Phone #

813-316-4311

Typed or printed name of signing authorized representative/member

Lisa A. Drummond, Secretary of GP

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 460260 7565605

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : January 10, 2017

ORDER TIME : 10:0 AM

ORDER NO. : 460260-005

CUSTOMER NO: 7565605

REINSTATEMENT

NAME: HC-8625 COLLIER BLVD, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

JAN 13 2017

EXAMINER'S INITIALS

R. HUNT