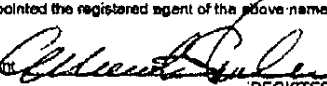
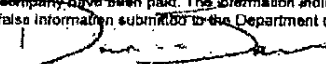


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15 00000 2113 1. Limited Liability Company's Name WATERMARK LAKE POINTE WOODS, LLC			
2. Principal Office Address - No P.O. Box # 2020 W. RUDASILL ROAD Suite, Apt. #, etc.		3. Mailing Office Address 2020 W. RUDASILL ROAD Suite, Apt. #, etc.	
City & State TUCSON, AZ		City & State TUCSON, AZ	
Zip 85704	Country USA	Zip 85704	Country USA
4. State/Country of Formation Delaware/USA		5. Date Organized or Qualified To Do Business in Florida 3/20/15	
6. FEI Number 47-3189333		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 C T 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  Mark Holloway, Asst. Sec. Date 10/21/2016 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
AP	David Barnes	2020 W. RUDASILL ROAD	TUCSON, AZ 85704
AP	David Freshwater	2020 W. RUDASILL ROAD	TUCSON, AZ 85704
REINSTATEMENT			OCT 25 2016 R. HUNT
11. E-mail Address: licensing@watermarkcommunities.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  Date 10/21/2016 Daytime Phone # 520-797-4000 Typed or printed name of signing Authorized Representative/Manager David Barnes			

Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
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**LIMITED LIABILITY REINSTATEMENT
WATERMARK LAKE POINTE WOODS, LLC**

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OCT 25 2016

R. HUNT

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