FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT 25 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15 00000 2113

1. Limited Liability Company's Name
WATERMARK LAKE POINTE WOODS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2020 W. RUDASILL ROAD		2020 W. RUDASILL ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TUCSON, AZ		TUCSON, AZ	
Zip	Country	Zip	Country
85704	USA	85704	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	State	Zip Code
PLANTATION	FL	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 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 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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LIMITED LIABILITY REINSTATEMENT
WATERMARK LAKE POINTE WOODS, LLC

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OCT 2 5 2016

R. HUNT

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