

Florida Department of State
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**LIMITED LIABILITY REINSTATEMENT
WATERMARK BOCA CIEGA BAY OWNER, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$238.75

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R. HUNT

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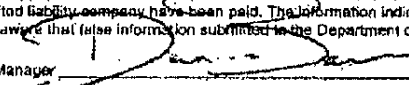
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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000003428 1. Limited Liability Company's Name WATERMARK BOCA CIEGA BAY OWNER, 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 Zip 85704 Country USA		City & State TUCSON, AZ Zip 85704 Country USA	
4. State/Country of Formation Delaware/USA		5. Date Organized or Qualified To Do Business in Florida 5/4/2015	
6. FEI Number 38-3957385		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 Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AA	David Barnes	2020 W. RUDASILL ROAD	TUCSON, AZ 85704
REINSTATEMENT OCT 25 2016 R. HUNT			
11. E-mail Address: <u>licensing@watermarkcommunities.com</u> (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			