Lucky Yang 800-770-1332 (03/03) 11/10/2016 01:39:42 PM H16000278348 3

2016 NOV 10 AM 11:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000004856

1. Limited Liability Company's Name
Alafaya Multi-Family Holding LLC

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CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2200 Villa Verano Way	2200 Villa Verano Way
Suite, Apt. # etc	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: USA	Zip: 34744 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 06/19/2015

6. FEI Number: 47-3845370 Applied For / Not Applicable

7. CERTIFICATE OF STATUS IS REQ ☑

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr, Ste A

Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Sadi Boyette

Sadi Boyette, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Date: 11/10/2016

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
Mgr	Stephen S. Maris	13 Sierra Dawn	Santa Fe, NM 87508
Pres	Evan Kirsh	800-3250 Bloor Street West, East Twr	Toronto, Ontario M8X 2X9

REINSTATEMENT

2016

11. E-mail Address: mmcconnell@starlightinvest.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 605.0112, 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: E. Kirsh Date: 11/10/16 Daytime Phone #: 847-725-0417

Typed or printed name of signing authorized representative/member: Evan Kirsh, President

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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

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
ALAFAYA MULTI-FAMILY HOLDING LLC

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