

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 MAY -8 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M15000009123

1. Limited Liability Company's Name
Port Richey Leased Housing Associates II, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2905 Northwest Blvd		3. Mailing Office Address 2905 Northwest Blvd	
Suite, Apt. #, etc. Ste 150		Suite, Apt. #, etc. Ste 150	
City & State Plymouth, MN		City & State Plymouth, MN	
Zip 55441	Country USA	Zip 55441	Country USA

4. State/Country of Formation Minnesota	
5. Date Organized or Qualified To Do Business in Florida 11/13/2015	
6. FEI Number 47-5572085	<input type="checkbox"/> 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 CT 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

600913175756

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 Mike Jones, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 5/7/2018

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
Co- Pres	Armand E Brachman	2905 Northwest Blvd	Plymouth, MN 55441
Co- Pres	Paul R Sween	2905 Northwest Blvd	Plymouth, MN 55441
SVP	Mark S Moorhouse	2905 Northwest Blvd	Plymouth, MN 55441
		2905 Northwest Blvd	

11. E-mail Address: dan.bolles@dominiuminc.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 Mark S Moorhouse Date 5/4/2018 Daytime Phone # 763-354-5500

Typed or printed name of signing Authorized Representative/Manager Mark S Moorhouse

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/08/2018

Acc#I20160000072



Name:	Port RicheyLeased Housing Associates II, LLC (MN)
Document #:	
Order #:	10960630

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

2018 MAY -8 AM 9:58

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 546.25

Thank you!