

M9700000516

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 NOV 12 PM 12:52

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name: Apartment Community Realty LLC

BK

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #: 600 E. Las Colinas Blvd. Suite 1800 Irving, TX 75039 USA

3. Mailing Office Address: P.O. Box 619091 Dallas, TX 75261-9091 USA

4. State/Country of Formation: 5. Date Organized or Qualified To Do Business in Florida: 08/19/1997 6. FEI Number: 75-2717042 7. CERTIFICATE OF STATUS DESIRED: \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent: Corporation Service Company 1201 Hays Street TALLAHASSEE FL 32301

200187691492

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: Jeanine Reynolds as its agent Date: 11-1-10

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: EVP, Kirk Mosenbocker, 600 E. Las Colinas Blvd.-Suite 1800, Irving, TX 75039. Includes handwritten 'REINSTATEMENT 2010' and signature 'MK'.

11. E-mail Address: 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. Signature of Managing Member/Manager: Date: 11/10/2010 Daytime Phone #: 972-556-1700



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 571196 4363097

AUTHORIZATION :

COST LIMIT : \$ 238.75

*Spudde man*

ORDER DATE : November 9, 2010

ORDER TIME : 11:26 AM

ORDER NO. : 571196-015

CUSTOMER NO: 4363097

RECEIVED  
10 NOV 12 AM 10:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

REINSTATEMENT

NAME: APARTMENT COMMUNITY REALTY LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

*BK*

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