

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

M97-521

**1. Limited Liability Company's Name**

Multi Family Construction, LLC

**2. Principal Office Address**

600 E. Las Colinas Blvd

Suite, Apt. #, etc.

1800

City & State

Irving, TX

Zip

75039

Country

USA

**3. Mailing Office Address**

P.O. Box 619091

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

75261-9091

Country

USA

**4. State/Country of Formation**

Delaware / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

08/19/1997

**6. FEI Number**

75-2717050

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Corporation Service Company

Street Address (P.O. Box Number is Not  
Acceptable)

1201 #45 Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

**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

BRIAN COURTNEY, ASST. VP.  
REGISTERED AGENT MUST SIGN

Date

4-19-01

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	JPI Investment Company, LP	600 E. Las Colinas Blvd. Ste. 1800	Irving, TX 75039
Member	INVESTMENT MGT INC	600 E. Las Colinas Blvd. Ste. 1800	Irving, TX 75039
	JPI Construction, LP	600 E. Las Colinas Blvd. Ste. 1800	Irving, TX 75039

REINSTATEMENT

00-01  
Dec

**11. 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. 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 608.406, 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.**

Signature of  
Managing Member/Manager

Joe Ratliff

Vice President, Taxation

Date 4/11/01

Daytime Phone #

972 556 3821

Typed or printed name of signing Managing Member/Manager

Signed as Elected

Joe Ratliff  
Vice President Taxation