

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 25 PM 1:46

**DOCUMENT # M98000000510**

Limited Liability Company's Name

Kings Glen Apartments, L.L.C.

100029384041  
02/25/04--01016--002 \*\*305.00

<b>2. Principal Office Address</b> 601 S. W. 27th Avenue Suite, Apt. #, etc. City & State Ocala, FL Zip 34474 Country USA		<b>3. Mailing Office Address</b> 7020 Fain Park Drive Suite, Apt. #, etc. Suite 5 City & State Montgomery, AL Zip 36117 Country USA		<b>4. State/Country of Formation</b> Alabama/USA <b>5. Date Organized or Qualified To Do Business in Florida</b> May 22, 1998 <b>6. FEI Number</b> 63-1145463 Applied For Not Applicable <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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**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. Suite 250	
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 608, F.S.

Signature of  
Registered Agent

**James A. Bordonaro**  
Assistant Secretary

Date 2-18-04

REGISTERED AGENT MUST SIGN

**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
MGR	John D. Blanchard	7020 Fain Park Drive, Suite 5	Montgomery, AL 36117
MGR	Samuel L. Miller	2000 Normandie Drive	Montgomery, AL 36111
<b>REINSTATEMENT 2001-2004</b> nc 3/3			

**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

Date 2/17/04

Daytime Phone # 334-613-9000

Typed or printed name of signing Managing Member/Manager Samuel L. Miller

CR2E041 (10/02)