

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

02 JUN 10 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000971

1. Limited Liability Company's Name

CHARLESTON SQUARE APARTMENTS, L.L.C.

2. Principal Office Address

8050 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

3. Mailing Office Address

3190 NORTHEAST EXPRESSWAY

Suite, Apt. #, etc.

SUITE 410

City & State

ATLANTA, GA

Zip

30341

Country

USA

4. State/Country of Formation

GA

5. Date Organized or Qualified  
To Do Business in Florida

09/04/98

6. FEI Number

58-2413550

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

50.00-CF

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

1200 SOUTH PINE ISLAND ROAD

200.00-PCM

Suite, Apt. #, Etc.

700005765727-5  
06/13/02-01064-002

City

PLANTATION

State

FL

Zip

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

REGISTERED AGENT MUST SIGN

JENNIFER FAULTMAN  
ASSISTANT SECRETARY

Date

6-5-02

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	DAVID BERKMAN	3190 NORTHEAST EXPWY, #410	ATLANTA, GA 30341

REINSTATEMENT

700005765727-5  
06/13/02-01064-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

*David Berkman*

Date 04/24/02

Daytime Phone #

770-454-7325

Typed or printed name of signing Managing Member/Manager

DAVID BERKMAN

CR2E041 (9/01)