→ PLĘASE,FEAD	ALL INSTRUC	3000	E COLO	NG T	HIS FI	10	
LIMITED LIABILITY COMPANY REINSTATEMENT	Katheri Secreta	ORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		OF STATORPORAL	fions : 14		
DOCUMENT # M980000014  1. Limited Liability Company's Name Station Hill L.L.C.	16 10/14	199				* • • • • • • • • • • • • • • • • • • •	
2. Principal Office Address 309 E. Morehead Street	-	3. Mailing Office Address 309 E. Morehead Street		itry of Forma		÷	
Suite, Apt. #, etc.  Suite 200 City & State	Suite, Apt. #, etc.  Suite 200 City & State	Suite 200		h Caro nized or Qua iness in Flori	alified ,	12/2/98	
Charlotte, NC		Charlotte, NC		er 438		<del></del>	plied For t Applicable
Zip Country	Zip 28202	Country	7. CERTIFICATE		S DESIRE	\$5.00 Additional F	Fee required
28202 USA	28202	USA  Address of Current Reg		Same Table	\$13.555 XX	for a Certificate	of Status
Name  CT Corporation  Street Address (P.O. Box Number is I  1200 South Pin  Suite, Apt. #, Etc.  City  Plantation	n System NotAcceptable) ne Island Road			<u>-0</u>	17/13/ ****25 Zip Cod	,	
9. I, being appointed the registered agent of the ab	•	AN BOLDEN	•		apter 608,	1	
10. Names and Street Addresses of Managing Me	mbers/Managers	Chant Address o				ł	
	Managing Members/ Managers Managing Member/ Member Managing Member Membe			<b></b>		City / State / Zip	
Summit Properties Partne d/b/a Summit Properties  Limited	0	. Morehead St., S	Suite 200	Char	lotte',	, NC 28202	
Member Hollow Creek, L.L.C.	One	Tower Square, 9B	UBR 99 -	1	00	CT 06183	

11. 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 608,408, 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.

SUMMIT PROPERTIES PARTNERSHIP, L.P.

Managing Member/Manager

Zip

Member

By: Summit Properties Inc., its General Partner

By: Melissa C. Morman Date 7/6/01

Daytime Phone # \_\_\_ (704) 334-3000

00 00 00

Melissa C. Norman Vice President Typed or printed name of signing Managing Member/Manager

Kennedy Covington
ATTORNEYS AT LAW

Patricia A. Wood
Paralegal
704/331-7536
pwood@kennedycovington.com

July 9, 2001

## Via Overnight Delivery

Corporations Division Florida Secretary of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Reinstatement of LLC and Document Request

M98-1416

To Whom It May Concern:

Enclosed please find an original of the Florida Limited Liability Company Reinstatement form for Station Hill L.L.C., a North Carolina limited liability company that is qualified to do business in Florida Also enclosed is our firm's check in the amount of \$255.00 to cover any annual report fees, filing fees and certificate of status fee required for this form. Please record this document and return the appropriate documentation to me to reflect this recordation in the enclosed FedEx envelope.

In addition, once the LLC is reinstated, please allow this letter to serve as my written request for a certified copy of the qualification documents and a good standing certificate for Station Hill L.L.C. Enclosed please find our firm's check in the amount of \$35.00 to cover the fees for these documents. Please also include these documents in the self-addressed FedEx envelope.

If you have any questions, please do not hesitate to telephone either Faith Bushnaq (704/331-7489) or me. I appreciate your prompt response to this matter

Very truly yours,

Patricia A. Wood Paralegal For the Firm

**Enclosures** 

1985381.01 LIB:

No Fed X envelope included nc 7/11/01