

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**REINSTATEMENT 2000**

**DOCUMENT #**

1. Limited Liability Company's Name

Ivy Walk Apartments, LLC

M 99 000000618

2. Principal Office Address

7605 Pinery Way

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

3. Mailing Office Address

7605 Pinery Way

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

USA

4. State/Country of Formation

CO / USA

5. Date Organized or Qualified

To Do Business in Florida

4/21/99

6. FEI Number

911961493

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

John Kingman Keating

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

749 N Garland Avenue

Suite, Apt. #, Etc.

Suite 101

City

Orlando

700003465107-8

-11/16/00--01001--016

\*\*\*\*150.00 \*\*\*\*150.00

State  
**FL**

Zip Code

32801

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

*John Kingman Keating*

REGISTERED AGENT MUST SIGN

Date

1/19/00

**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
Mgrm	Marc A Harvey	9934 E Pinewood Ave	Englewood, CO 80111

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

*Marc Harvey*

Date

10-31-00

Daytime Phone #

303-860-6423

Typed or printed name of signing Managing Member/Manager

Marc Harvey