


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M99000000618

1. Limited Liability Company's Name

Ivy Walk Apartments, L.L.C.

2. Principal Office Address

7605 Pinery Way

Suite, Apt. #, etc.

3. Mailing Office Address

7605 Pinery Way

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33615

Country

USA

City & State

Tampa, Florida

Zip

33615

Country

USA

4. State/Country of Formation

Colorado

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

04/27/1999

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 100

City

Orlando, Florida

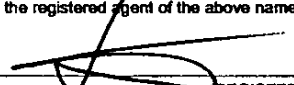
State
FL

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**



REGISTERED AGENT MUST SIGN

Date

12/7/04

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	8000 E. Prentice, Suite A-1	Englewood, CO 80111

4000043433784
12/19/04--01055--008 **250.00

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**



Date

12/2/04

Daytime Phone # 720-482-1331

Typed or printed name of signing Managing Member/Manager

Marc A. Harvey

CR2E041 (10/02)