| LIMITED LIABILITY COMPANY REINSTATEMENT REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT COMPANY REINSTAN COMPA | PL | ĘASE READ | ALL INSTRU | ICTIONS BEFORE | COMPLET | |
|--|---|----------------------------|----------------------|--|--------------------|--|
| 1. Limited Liability Company's Name Novarch Proporties at Jackson IIIC, LLC 2. Principal Office Address Acto Bourth, Board Rd Suite, Apt. #, etc. ###101 City & State City & State Country Country Country Country Country Country Country Registered Address (PO. Box Number is Not Acceptable) 1200 South, Apt. #, etc. Site Apt. #, etc. Site Apt. #, etc. Street Address (PO. Box Number is Not Acceptable) 1200 South, Apt. #, etc. City & State Country | COMPANY | | Kat Sec | herine Harris retary of State | lì . | 11 DEC 20 PM 1: 42 |
| 2. Principal Office Address ARIO BOUTH BOWN RD Suite, Apt. #, etc. # 1101 Suite Address of Current Registered Agent # 1101 # | 1. Limited Liability Company | y's Name | | | 12 | ALLAHAVOOO |
| 4. State/Country of Formation Suite, Apt. #, etc. # 1101 Suite, Apt. #, etc. Su | 2 Driverical Office Address | | 3 Mailing Office | Address | | |
| 5. Date Organized or Qualified to Do Business in Florids August 3, 1999 Applied For Applied For Spirits, F2. Zip Country 7. CERTIFICATE OF STATUS DESIRED (Corporational System) 8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Exix Number is Not Acceptable) Suite, Apt. #, Etc. City State / Plantation 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 Name of Managing Members/Managers Name of Managing Managers Name of Managing Members/Managers Name o | ` <u>.</u> | | | | 4. State/Cour | untry of Formation |
| Ben it springs, FT. Zip Country 7. CERTIFICATE OF STATUS DESIRED. 8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. 50x Number is Not Acceptable) 1200 South Pinc Island Road ************************************ | Suite, Apt. #, etc. Suite, Apt. # | | | \ | 5. Date Organ | |
| Sountry Sou | • | , F ² - | City & State | 6. FEI Num | | per Applied For |
| Name CT Corporation System Street Address (P.O. box Number is Not Acceptable) 12/21/01-01007-014 ****155.00 Suita, Apt. #, Etc. City Plantation 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 Name of Managing Members/Managers | Zip 34135 Cc | | Zip | Country | 7. | Confurences Centification (Confusion Confusion |
| Street Address (P.O. Box Number is Not Acceptable) 12/21/0101007014 *****155.00 Suite, Apt. #, Etc. City State City Signature of Registered Agent Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers | | | 8. Name | and Address of Current Regis | tered Agent | |
| REGIS/ERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each Managing Members/ Managers City / State / Zip Managing Members/ Managers Bours South Sou | Suite, Apt. #, E City Plan 9. I, being appointed the reg | South 1 | Pine Is | iland Road | | -12/21/0101007004 ****155.00 ****155.00 State Zip Code FL 3336-4 |
| Titles Name of Street Address of Each Managing Members/Managers Managing Member/Manager City / State / Zip | | MUU UN | GIS ERED AGENT | MUST SIGN | | Date / 4/1/4/0/ |
| Managing Members/Managers Managing Members/Manager | 10. Names and Street Add | | nbers/Managers | | | |
| MGK Honarch Properties IT (CLC - 9240-BOWITH BOWITH SON) FL/34135 | Titles Mar | | | | | City / State / Zip |
| · · · · · · · · · · · · · · · · · · · | MGK Honard | Honard Proporties IT, CILC | | -9240-BOWAR BOOKRU #1101 | | Bourth SAN/ FL/34135 |
| • | <u>.</u> | | | | | |
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| 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. | filing this reinstatement all fees owed by the limi | application the reason for | dissolution has been | n eliminated, the limited liability co | mpany name satisfi | fies the requirements of section 608.406, F.S., and that |
| Signature of Manager Date Date Date Dayline Phone # 215-871-5204 Typed or printed name of Signing Managing Member/Manager Douglas Liedway Hs. CFO | Signature of | & | -2 | Date | 212/01 | Daytime Phone # _ 215-871-52 0 4 |