May-18-2004 06:2 pm From GREENBERG TRURIG T-41 P.002 F-522

M99000001493

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 19 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001493

1. Limited Liability Company's Name
PONTE VEDRA MANAGER, LLC

2. Principal Office Address	3. Mailing Office Address
2101 6th Ave. North	2101 6th Ave. North
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Birmingham, AL	City & State: Birmingham, AL
Zip: 35202 Country: USA	Zip: 35202 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/22/1999

6. FEI Number: 52-2192204 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a certified copy of status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 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: _____ James A. Bordonaro Assistant Secretary Date: May 18, 2004
REGISTERED AGENT MUST SIGN

CR2E041(10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CMS/Colonial Multifamily JV, L.P.	2101 6th Ave. N., Suite 900	Birmingham, AL 35202
		REINSTATEMENT MAY 2004	

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: May 18,2004 Daytime Phone #: 205-250-8876 8752

Typed or printed name of signing Managing Member/Manager: CMS/Colonial Multifamily JV, L.P., Manager

Division of Corporations

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

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LIMITED LIABILITY REINSTATEMENT

PONTE VEDRA MANAGER, LLC

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