PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 31 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010053

1. Corporation Name

Mason. Phillips Properties of Florida II, INC.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
90 Tifton Way N.	90 Tifton Way N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach	City & State: P.O. Box 2108 Ponte Vedra Beach
Zip: 32082 Country: St. Johns	Zip: 32004 Country: St. Johns

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3227747 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is required

7. Name and Address of Current Registered Agent

Name: Charles E. Hartman

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-11/07/01--01004--019
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 90 Tifton Way N.

Suite, Apt. #, Etc.:

LS

City: Ponte Vedra Beach State: FL Zip Code: 32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Charles E Hartman Pres. Date: 10-30-01
REGISTERED AGENT MUST SIGN

CR2E081 (10/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	~~Hartman~~		
PT	Charles E. Hartman	90 Tifton Way N.	Ponte Vedra Beach, FL 32082

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Charles E. Hartman

SIGNATURE: Charles E Hartman 10-30-01 904 285 4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #