PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 25 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68859

REINSTATEMENT 00-01

1. Corporation Name
Southgate Gardens Value Apartments, Inc

2. Principal Office Address	3. Mailing Office Address
4190 Telegraph ROAD	4190 Telegraph ROAD
Suite, Apt. #, etc. Suite 2100	Suite, Apt. #, etc. Suite 2100
City & State Bloomfield Hills, MI	City & State Bloomfield Hills, MI
Zip 48302 Country USA	Zip 48302 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 7/26/1991

5. FEI Number 65-0279998 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($ 30.00 additional fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Paul Kupfer

Street Address (P.O. Box Number is Not Acceptable): 1700 University DRive

Suite, Apt. #, Etc.: Suite 110

City: Coral Springs State: FL Zip Code: 33071

700004527507--2
-10/08/01--01080--025
****308.75 ****988.75

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: _____ REGISTERED AGENT MUST SIGN Date 9/21/01

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
PRES	ALVIN WEISBERG	10900 Boca Woods Lane Boca Raton, FL 33428	BOCA RATON, FL 33428
TRES	Steven Weisberg	5321 W. Bloomfield Lake RD	West Bloomfield, MI 48323

10. I certify that I am an officer or director or 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.

SIGNATURE: _____ ALVIN WEISBERG 9/20/01 (248) 594-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #