

M00000000565

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 NOV - 7 PM 2:55
 FILED
 TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # M00000000565 1. Limited Liability Company's Name Related Tampa, LLC					
2. Principal Office Address - No P.O. Box # 60 Columbus Circle Suite, Apt. #, etc. 18th Floor City & State New York, NY Zip 10023		3. Mailing Office Address 60 Columbus Circle Suite, Apt. #, etc. 18th Floor City & State New York, NY Zip 10023		4. State/Country of Formation Delaware/ USA 5. Date Organized or Qualified To Do Business in Florida 3/23/00 6. FEI Number 13-4163942	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent Name Corporate Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee					
				<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
		State FL		Zip Code 32301	
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 <u>Joyce L. Markley</u> Joyce L. Markley as its agent Date <u>11/6/08</u> <small>REGISTERED AGENT MUST SIGN</small>					
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		
	Relcap Holding Company LLC	60 Columbus Circle	New York, NY 10023		
REINSTATEMENT 2007-2008 200137737652 					
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 <u>Susan J. McGuire</u>		Date <u>11/6/08</u>		Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager Susan J. McGuire					



CORPORATION SERVICE COMPANY

M06U000000565

RECEIVED
08 NOV -7 AM 10:42

ACCOUNT NO. : 072100000032

REFERENCE : 784003

AUTHORIZATION :

COST LIMIT : \$382.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
4321791

ORDER DATE : November 6, 2008

ORDER TIME : 3:38 PM

ORDER NO. : 784003-005

CUSTOMER NO: 4321791

REINSTATEMENT

NAME: RELATED TAMPA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA