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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 MAY 28 PM 4:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000346

1. Limited Liability Company's Name
TAG The Apartment Group, LLC

2. Principal Office Address	3. Mailing Office Address
1201 West Peachtree Street	1201 West Peachtree Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3300	Suite 3300
City & State	City & State
Atlanta, GA	Atlanta, GA
Zip: 30309 Country: USA	Zip: 30309 Country: USA

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business in Florida: 2/13/2001

6. FEI Number: 58-2600464 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South 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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 5/28/2003

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

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
Manager	Cushman & Wakefield of Georgia, Inc.	1201 West Peachtree Street, Suite 3300	Atlanta, GA 30309

PRINCIPAL OFFICE 2002,03

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 608.408, 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: [signature] Date: 5/22/2003 Daytime Phone #: (404) 875-1000

Typed or printed name of signing Managing Member/Manager: Senior Managing Director of Cushman & Wakefield of Georgia, Inc.

FL110 - 11/1/2002 C T System Online

TOTAL P.02

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LIMITED LIABILITY REINSTATEMENT

TAG THE APARTMENT GROUP, LLC

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Certificate of Status	0
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Estimated Charge	$200.00