M03000000206

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000206

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CR2E041 (8/05)

1. Limited Liability Company's Name
S.E. Residential Woodland Associates LLC

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2. Principal Office Address		3. Mailing Office Address	
825 Third Avenue		825 Third Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
36th Floor		36th Floor	
City & State		City & State	
New York		New York	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 1/21/2003

6. FEI Number: 59-3768529 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | 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: Sara Lea Sara Lea as its agent — REGISTERED AGENT MUST SIGN — Date: 10/18/06

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
MGMR	Southeast Residential II Associates LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2004-2006

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: Ron Strobl — Date: 10/17/06 — Daytime Phone #: 212 224 5600

Typed or printed name of signing Managing Member/Manager: Vice President of Managing Member

CORPORATION SERVICE COMPANY

M03000000206

ACCOUNT NO. : 072100000032

REFERENCE : 534776 4348715

AUTHORIZATION :

COST LIMIT : $ 255.00

FILED
06 OCT 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 18, 2006

ORDER TIME : 11:41 AM

ORDER NO. : 534776-005

CUSTOMER NO: 4348715

RECEIVED
06 OCT 18 PM 1:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: S.E. RESIDENTIAL WOODLAND ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____