FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 17 PM 3:21

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000003404

1. Limited Liability Company's Name
TLR-V, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1185 Ave of the Americas	1185 Ave of the Americas
Suite, Apt. #, etc.	Suite, Apt. #, etc.
18th Fl	18th Fl
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10036 / USA	10036 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
July 6, 2011

6. FEI Number
26-4004270
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, etc.

City / State / Zip Code
TALLAHASSEE / FL / 32301-2525

E-mail Address:
000248966150
afajardo@mdsass.com
(To be used for future annual report notices)

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: Sue G. Knight Date: 6-17-13
REGISTERED AGENT MUST SIGN
Assistant Vice President

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
Managing Member	MDSass Municipal Fin Partners-V LLC	1185 Ave of the Americas, Fl 18	New York, NY 10036

REINSTATEMENT
2012 - 2013

S. HAWKES
JUN 17 2013
EXAMINER

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager _____ Date 6/14/13 Daytime Phone # 212-843-8921

Typed or printed name of signing Managing Member/Manager Bobby Liu

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 688350 5021983

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : June 13, 2013

ORDER TIME : 10:19 AM

ORDER NO. : 688350-005

CUSTOMER NO: 5021983

REINSTATEMENT

NAME: TLR-V, LLC

RECEIVED
DEPARTMENT OF STATE
13 JUN 17 AM 10:49

XX REINSTATEMENT 377.50

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS