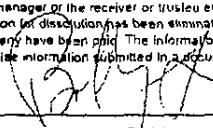


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 12 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			
2. Principal Office Address - No P.O. Box # 1185 Ave of the Americas Suite, Apt. #, etc. 18th Fl City & State New York, NY Zip 10036 Country USA		3. Mailing Office Address 1185 Ave of the Americas Suite, Apt. #, etc. 18th Fl City & State New York, NY Zip 10036 Country 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 ☐		\$500 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 TALLAHASSEE State FL Zip Code 32301-2525		E-mail Address: 000248966 50 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 Member/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

XX REINSTATEMENT

377.50

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DEPARTMENT OF STATE
18 JUN 17 AM 10:49

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