

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 DEC 22 PM 5:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000537

Name and Mailing Address

0015204 01 MB 0.309 **AUTO T7 0 0615 02109-177599



CONCORD RETAIL ASSOCIATES, L.L.C.
 28 STATE STREET
 C/O TA ASSOCIATES REALTY
 BOSTON MA 02109-1775



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/28/1998	
Principal Place of Business 28 STATE STREET C/O TA ASSOCIATES REALTY BOSTON MA 02109	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1517733	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

10. 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 [Signature] REGISTERED AGENT MUST SIGN Date 12-19-2003

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	THE REALTY ASSOCIATES FUND IV, L.P.	C/O TA ASSOCIATES REALTY, 28 STATE ST.	BOSTON MA 02109
MGR	RUANE, MICHAEL A	28 STATE STREET <i>BR</i>	BOSTON MA 02109
REINSTATEMENT 2003			000025691430

12. 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 [Signature] OATH IF REQUIRED Date 11/30/03 Daytime Phone # 617 476 2700
 Typed or printed name of signing Managing Member/Manager Michael A. Ruane, Mgr.



CORPORATION SERVICE COMPANY

M 98000000537

ACCOUNT NO. : 072100000032

REFERENCE : 368491 4304937

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : December 19, 2003

ORDER TIME : 11:33 AM

ORDER NO. : 368491-005

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CONCORD RETAIL ASSOCIATES,
L.L.C. *BL*

RECEIVED
03 DEC 22 PM 1:40
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____