

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 DEC 29 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200062473302

CR2E041 (8/05)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M00000001427

1. Limited Liability Company's Name

4150 FORD STREET, FT. MYERS, FLORIDA, LLC

04

2. Principal Office Address

30 Broad Street, 31st Floor

Suite, Apt. #, etc.

City & State

New York, NY

Zip  
10004

Country  
USA

3. Mailing Office Address

30 Broad Street, 31st Floor

Suite, Apt. #, etc.

City & State

New York, NY

Zip  
10004

Country  
USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

07/20/2000

6. FEI Number

13-4126891

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

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

*Cynthia L. Harris*

Cynthia L. Harris  
as its agent

Date

12/29/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers         | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGRM   | 4150 Ford Street, Ft. Myers, Florida MM, LLC | 30 Broad Street, 31st Floor                       | New York, NY 10004 |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

REINSTATEMENT 2004-2005

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

*Robert Stark*

Date

12/29/05

Daytime Phone #

(212) 612-9091

ROBERT STARK

Typed or printed name of signing Managing Member/Manager

Vice President, Asset Management



CORPORATION SERVICE COMPANY

M00000001427

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 205.00

ORDER DATE : December 29, 2005

ORDER TIME : 10:47 AM

ORDER NO. : 783948-055

CUSTOMER NO: 5170790

*[Signature]*

REINSTATEMENT

NAME: 4150 FORD STREET, FT. MYERS,  
FLORIDA, LLC

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 DEC 29 PM 12: 56

RECEIVED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS \_\_\_\_\_