

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
JUL 29 PM 1:58
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M04000003081

1. Limited Liability Company's Name

CA New Plan Victoria Holdings SPE, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 420 Lexington Avenue		3. Mailing Office Address 420 Lexington Avenue		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor		5. Date Organized or Qualified To Do Business in Florida 06/21/2004	
City & State New York, NY		City & State New York, NY		6. FEI Number ☐ Applied For ☐ Not Applicable	
Zip 10170	Country USA	Zip 10170	Country USA	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	200183799982 07/29/10--01031--005 **52.25	

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

Karissa Lowry
Karissa Lowry, Asst. Sec.

REGISTERED AGENT MUST SIGN

Date July 12, 2010

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
CEO	Michael Carroll	420 Lexington Avenue, 7th Floor	New York, NY 10170
EVP	Steven F. Siegel	420 Lexington Avenue, 7th Floor	New York, NY 10170
REINSTATEMENT 2008-10 S. HAWKES JUL 30 2010 EXAMINER			

11. E-mail Address: Portia.Evans@centroprop.com

(To be used for future annual report notifications)

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

Robert Jambols

Date 7/20/10 Daytime Phone # 646-344-8701

Typed or printed name of signing Managing Member/Manager Robert Jambols



July 21, 2010

CERTIFIED MAIL: 7007 0220 0000 5591 2345

Division of Corporations
Registration Section
P.O. Box 6237
Tallahassee, FL 32314

Re: Limited Liability Company Reinstatement

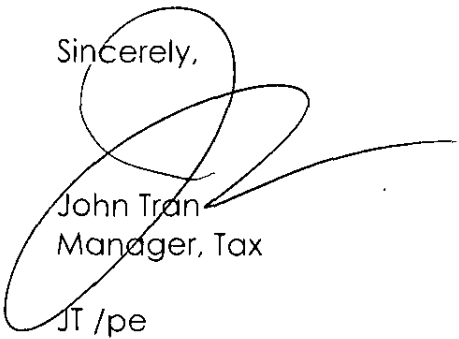
CA New Plan Victoria Holdings SPE, LLC
Check No. 40460

Doc# M04000003081
\$521.25

Enclosed, please find the appropriate forms for the above named entity.

Please call (646) 344-8725 if you have any questions or comments.

Sincerely,



John Tran
Manager, Tax

JT /pe
Enc.