Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

LP/LLLP REINSTATEMENT

FWB MAGNOLIA POINTE, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$3,000.00

RECEIVED
09 MAR -5 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A01-181

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR -5 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

CR2E039 (1/07)

DOCUMENT # A01000000181

1. Name of Limited Partnership

FWB MAGNOLIA POINTE, LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
625 MADISON AVE	625 MADISON AVE
Suite, Apt. #, etc.: 45TH FLOOR	Suite, Apt. #, etc.: 5TH FLOOR
City & State: NEW YORK NY	City & State: NEW YORK NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

4. Date Formed or Registered To Do Business in Florida: 2/5/2001

5. FEI Number: 30-0448450 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $68.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment as registered agent and agree to comply with the provisions of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Chris McNeair (Requested) Assistant Secretary DATE 3/4/09

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
1701 GATEWAY DRIVE, LLC	625 MADISON AVE	NEW YORK, NY 10022	M05000005266

REINSTATEMENT

07-09

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 1/23/09

Typed or Printed Name of General Partner Signing Form 1701 GATEWAY DRIVE LLC BY (CENTER LINE MANAGER, if manager) Telephone Number 212-312-5700

FL013 - 1/1/07 CT System Online