2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/17/09--01010--005 **300.00

12222008 REIN-P CR2E098 (1/07)

DOCUMENT # F04000004014

1. Entity Name
CNL M2 TENANT CORP.

Principal Place of Business	Mailing Address
420 S. ORANGE AVENUE STE. 700 ORLANDO, FL 32801	P.O. BOX 2226 ORLANDO, FL 32802

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 Post Office Square	1 Post Office Square
Suite, Apt # etc: 3100	Suite, Apt # etc: 3100
City & State: Boston, MA	City & State: Boston, MA
Zip: 02109 Country:	Zip: 02109 Country:

4. FEI Number: 20-1400303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, STEPHANIE J 420 S. ORANGE AVENUE STE. 700 ORLANDO, FL 32801	Name: CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Connie Bryan — Connie Bryan, Assistant Secretary — 2/2/09
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DSVT ☑ Delete	TITLE	P ☐ Change ☐ Addition
NAME	BLOOM, BARRY A	NAME	Karamjit S. Kalsi
STREET ADDRESS	420 S. ORANGE AVENUE, STE. 700	STREET ADDRESS	1585 Broadway
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	New York, NY 10036
TITLE	DCP ☑ Delete	TITLE	D ☐ Change ☐ Addition
NAME	GRISWOLD, JOHN A	NAME	Michael J. Franco
STREET ADDRESS	420 S. ORANGE AVENUE, STE. 700	STREET ADDRESS	1585 Broadway
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	New York, NY 10036
TITLE	D ☑ Delete	TITLE	D ☐ Change ☐ Addition
NAME	STRICKLAND, C. BRIAN	NAME	Michael T. Quinn
STREET ADDRESS	420 S. ORANGE AVENUE, STE. 700	STREET ADDRESS	1585 Broadway
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	New York, NY 10036
TITLE	AS ☑ Delete	TITLE	VP ☐ Change ☐ Addition
NAME	THOMAS, STEPHANIE J	NAME	Daniel C. Wright
STREET ADDRESS	420 S ORANGE AVENUE, STE. 700	STREET ADDRESS	1 Post Office Square Ste 3100
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	Boston MA, 02109
TITLE	☑ Delete	TITLE	VP ☐ Change ☐ Addition
NAME		NAME	Warren Fields
STREET ADDRESS		STREET ADDRESS	1 Post Office Square Ste 3100
CITY-ST-ZIP		CITY-ST-ZIP	Boston MA, 02109
TITLE	☑ Delete	TITLE	VP ☐ Change ☐ Addition
NAME		NAME	Jim Dina
STREET ADDRESS		STREET ADDRESS	1 Post Office Square Ste 3100
CITY-ST-ZIP		CITY-ST-ZIP	Boston MA, 02109

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel C. Wright, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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