
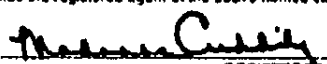
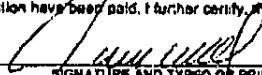


SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 29 AM 11:15

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000005538					
1. Corporation Name 215 Celebration Place, Inc.					
2. Principal Office Address - No P.O. Box # 4400 MacArthur Blvd.			3. Mailing Office Address 4400 MacArthur Blvd.		
Suite, Apt. #, etc. Suite 720			Suite, Apt. #, etc. Suite 720		
City & State Newport Beach, CA			City & State Newport Beach, CA		
Zip 92660	Country USA	Zip 92660	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 9/28/05	
				5. FEI Number 72-1606644 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. 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		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent				Name Madonna Cuddihy Date 11-24-2010	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/P:	James Bell	4400 MacArthur Blvd Ste 720		Newport Beach, CA 92660	
D/CEO	Peter DiCorpo	515 S. Flower St. 31st Floor		Los Angeles, CA 90071	
D/T/S	Michael Everly	515 S. Flower St. 31st Floor		Los Angeles, CA 90071	
REINSTATEMENT ID F0 11/29/10					
10. E-mail Address: <u>mleydon@cbreinvestors.com</u>					
<small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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: 		James Bell, President		949-476-1974	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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Division of Corporations

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Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
215 CELEBRATION PLACE, INC.**

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