

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -1 P 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000877

1. Limited Liability Company's Name

NATIONWIDE OCOEE PLAZA, LLC

2. Principal Office Address

100 NORTH LASALLE ST

3. Mailing Office Address

939 LONGDALE AVE

Suite, Apt. #, etc.

SUITE 1111

Suite, Apt. #, etc.

City & State

CHICAGO, IL

City & State

LONGWOOD, FL

Zip

60602

Country

US

Zip

32750

Country

US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

01/17/01

6. FEI Number

36-4272153

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

BARBARA HENKHAUS

Street Address (P.O. Box Number is Not Acceptable)

939 LONGDALE AVE.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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

Barbara Henkhaus
REGISTERED AGENT MUST SIGN

Date

8/2/04

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
MGRM	NATIONWIDE REAL ESTATE, INC.	100 N. LASALLE ST., SUITE 1111	CHICAGO, IL 60602

500040702285
09/01/04--01023--002 **205.00

REINSTATEMENT

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

Timothy J. Balin

Date

8/30/04

Daytime Phone#

212 345 1111

Typed or printed name of signing Managing Member/Manager

TIMOTHY BALIN FOR NATIONWIDE REAL ESTATE, INC.

CR2E041 (10/02)