PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 OCT 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900161128819
09/29/09--01027--005 **660.00

CR2E041 (10/06)

DOCUMENT # L01000011981

1. Limited Liability Company's Name

SPRINGHILL COMMONS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
ROSEN GROUP INC		URMCI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
7860 GLADES RD, STE 220		40 EAST 69TH STREET	
City & State		City & State	
BOCA RATON, FL		NEW YORK, NY	
Zip	Country	Zip	Country
33434	USA	10021	USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 7/2001

6. FEI Number: 58-2638663 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Joseph E Noguiae

Street Address (P.O. Box Number is Not Acceptable): 7860 GLADES Rd

Suite, Apt. #, Etc.: SUITE 220

City: BOCA RATON | State: FL | Zip Code: 33434

☐ A $100 reinstatement fee is imposed, 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 10/13/09

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Type	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	Jonathan P. Rosen	40 E. 69st St	NY NY 10021
	REINSTATEMENT 1-06-09		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Jonath P. Ro | Date: 9/22/09 | Daytime Phone #: 212-249-1550

Typed or printed name of signing Managing Member/Manager: Jonathon P Rosen

C.L.