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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000021246

1. Limited Liability Company's Name
Real Estate Capital Partners II, LLC

2. Principal Office Address	3. Mailing Office Address
6000 Fairview Road	P.O. Box 6301
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc.
City & State Charlotte, NC	City & State Charlotte, NC
Zip 28210 Country USA	Zip 28207 Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business In Florida: 12/07/2001
6. FEI Number: ✓ 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: Stephen L. Kussner
Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street
Suite, Apt. #, Etc.: Suite 2200
City: Tampa State: FL Zip Code: 33602

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: [signature] Date: 2/24/04
REGISTERED AGENT MUST SIGN

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	Jon S. Jenrette	400 Main Street, Suite 6-C	St. Simons Island, GA 31522
		REINSTATEMENT	02-04

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: Jon S. Jenrette Date: 2/24/04 Daytime Phone #: 813-273-5000

Typed or printed name of signing Managing Member/Manager: Jon S. Jenrette

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Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

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