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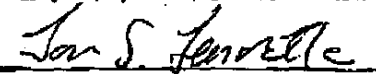
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 6000 Fairview Road		3. Mailing Office Address P.O. Box 6301		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 1200		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/07/2001	
City & State Charlotte, NC		City & State Charlotte, NC		6. FBI Number ☒ Applied For ☐ Not Applicable	
Zip 28210	Country USA	Zip 28207	Country USA	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 				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 31622	
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 				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

Division of Corporations

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Account Number : 110450000714

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Fax Number : (850) 224-1640

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LIMITED LIABILITY REINSTATEMENT**REAL ESTATE CAPITAL PARTNERS II, LLC**

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