JUL-09-2004 1[illegible]55 [illegible]ORATION P.02

L02000023271

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -6 PM 1:47

DOCUMENT # L02000023271

1. Limited Liability Company's Name

AB GREEN RALEIGH, LLC

2. Principal Office Address	3. Mailing Office Address
1775 Collins Ave	295 Lafayette Street
Suite, Apt. #, etc.	Suite, Apt.# etc. 708
City & State: Miami Beach Florida	City & State: New York NY
Zip: 33139 Country: USA	Zip: 10012 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/9/02

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a Certificate of Status

8. 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 (Broward County) State: FL Zip Code: 33324

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: Connie Bryan Date: 7/6/04
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
CHAIRMAN + CEO	ANDRÉ BALAZS	295 LAFAYETTE STREET SUITE 708	NEW YORK, NY 10012
EVP	EUGENE A. GOLAB		
SVP	ANDREW E. ZOGLER		
SVP	BARRY P. MARCUS		
SVP	MICHAEL A. RANSON		
VP + CFO	ROBERTA GRIFFIN		

REINSTATEMENT 2003-2004
Filed 7/12/04

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 608.408, 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: [signature] Date: 6/22/04 Daytime Phone #: 212-226-5656

Typed or printed name of signing Managing Member/Manager: ROBERTA L. GRIFFIN

FL110a 10/1999 CT System Online

MD. GREEN RALEIGH, LLC . . . CONTINUED:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
City & State		City & State	
Zip	County	Zip	County

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

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

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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 _____
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
VP	JOHN SARIC	295 LAFAYETTE STREET SUITE 708	NEW YORK, NY 10012

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 608.408, 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 RJ Griffin Date 6/22/04 Daytime Phone # 212-206-5256

Typed or printed name of signing Managing Member/Manager REBECCA L. GRIFFIN

FL110 - 10/19/00 CT Syncro Online

********** -COMM. JOURNAL- ********** DATE JUL-06-2004 ***** TIME 16:43 ********

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-CT CORPORATION -

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

AB GREEN RALEIGH, LLC

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