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Florida Department of State
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From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
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LIMITED LIABILITY REINSTATEMENT
BALDWIN PARK VILLAGE II, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L02000027568

1. Limited Liability Company's Name

BALDWIN PARK VILLAGE II, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1999 Avenue of the Stars	1999 Avenue of the Stars
Suite, Apt. #, etc. Suite 1260	Suite, Apt. #, etc. Suite 1260
City & State Los Angeles, CA	City & State Los Angeles, CA
Zip 90067 Country USA	Zip 90067 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 10/16/2002

6. FEI Number: 710909886 ☐ 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: Charles Whittall

Street Address (P.O. Box Number is Not Acceptable): 7940 Via Dellagio Way

Suite, Apt. #, Etc: Suite 200

City: Orlando State: FL Zip Code: 32819

E-mail Address:

kelliott@incserv.com

(To be used for future annual report notices)

9. I hereby 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 12/7/11

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	New Baldwin Investment, LLC	1999 Avenue of the Stars, Suite 1260	Los Angeles, CA 90067

REINSTATEMENT 10-11

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 608.508, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 12/8/2011 Daytime Phone # 310.470.0999

Typed or printed name of signing Managing Member/Manager: A. Stuart Rubin, President of New Baldwin Investment, LLC, Manager