

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Secretary of State

03 NOV 25 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031383

Name and Mailing Address

0003987 01 AT 0.292 \*\*AUTO T6 0 0615 32837-846645

INDUSTRIAL REALTY HOLDINGS, LLC  
9500 SATELLITE BLVD.  
SUITE 170  
ORLANDO FL 32837-8466

US

REINSTATEMENT 2003



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9500 SATELLITE BLVD. SUITE 170 ORLANDO FL 32837 US		5. Date Organized or Qualified To Do Business in Florida 11/16/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 84-1619509 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent  MACGREGOR, D. G 12012 CAPER STREET ORLANDO FL 32877		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
10. 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 <i>Douglas G. MacGregor</i> REGISTERED AGENT MUST SIGN Date <i>Nov. 20th, 2003</i>			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAPITAL DEVELOPMENT PARTNERS II, LLC	9500 SATELLITE BLVD., SUITE 170	ORLANDO FL 32837

12. 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 *Douglas G. MacGregor* Date *Nov 20th, 2003* Daytime Phone # *407-447-5667*  
Typed or printed name of signing Managing Member/Manager *Douglas G MacGregor*