PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 15 AM 10:05

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000030309

1. Limited Liability Company's Name

MADISON PROPERTY MANAGEMENT, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1101 BRICKELL AVENUE		1101 BRICKELL AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 900 NORTH TOWER		SUITE 900 NORTH TOWER	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	U.S.A.	33131	U.S.A.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8/14/2003

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: PHILIP S. VOVA

Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 900 NORTH TOWER

REINSTATEMENT 04-05

City: MIAMI | State: FL | Zip Code: 33131

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: 4/29/05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	JOSE FERNANDEZ	1101 BRICKELL AVE., SUITE 900 N.	MIA MI, FL 33131

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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: 4/29/05 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: JOSE FERNANDEZ