

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 JAN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000029503

1. Limited Liability Company's Name

FASHION SQUARE - ORANGE PARK, LLC

700115326717

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # c/o Debevoise & Plimpton LLP		3. Mailing Office Address c/o Debevoise & Plimpton LLP	
Suite, Apt. #, etc. 919 Third Avenue		Suite, Apt. #, etc. 919 Third Avenue	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/16/2004	
6. FEI Number 621542285	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301-2525

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Deborah A. Skipper

Date:

1/16/2008

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	Galileo Put Portfolio LLC	c/o Debevoise & Plimpton LLP 919 Third Avenue	New York, NY 10022

REINSTATEMENT 2007-2008

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

1/14/2008

Daytime Phone #

212-869-3000

Typed or printed name of signing Managing Member/Manager Steven F. Siegel



CORPORATION SERVICE COMPANY

File 1st

L04000029503

ACCOUNT NO. : 072100000032

REFERENCE : 382604 4301938

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : December 31, 2007

ORDER TIME : 2:09 PM

ORDER NO. : 382604-020

CUSTOMER NO: 4301938

FILED
08 JAN 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC REINSTATEMENT

NAME: FASHION SQUARE-ORANGE PARK,
LLC

EFFECTIVE DATE:

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER'S INITIALS:

RECEIVED
08 JAN 16 PM 2:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK