PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 APR 27 AM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L05000001983

1. Limited Liability Company's Name:

Lypaca I, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
525 S. Flagler Dr.	222 Lakeview Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	PH5
City & State	City & State
West Palm Beach, FL	West Palm Beach
Zip / Country	Zip / Country
33401 / US	33401 / US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/06/2005

6. FEI Number: 20-2118746 ☐ 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: Ronald S. Kochman

Street Address (P.O. Box Number is Not Acceptable): 525 Lakeview Avenue

Suite, Apt. #, Etc.: Suite 950

City: West Palm Beach | State: FL | Zip Code: 33401

☑ 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: _____ Date: Apr. 24, 2009

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
MGR	Morgan Stanley Trust, N.A.	490 East Palmetto Park Rd	Boca Raton, FL 33432

500152863005
04/27/09 --01007--025 **421.25

REINSTATEMENT 2007-2009

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: Morgan Stanley Trust, N.A. Trustee by: Robert M. Kendore, V.P. Date: 4/24/2009 Daytime Phone #: 201-830-6185

Typed or printed name of signing Managing Member/Manager: Morgan Stanley Trust, N.A. Trustee