

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
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DOCUMENT # L05000001983

1. Limited Liability Company's Name:
Lypaca I, LLC

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

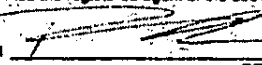
City
West Palm Beach

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: 

REGISTERED AGENT MUST SIGN

Date: **April 24, 2009**

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

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**
Ruth M. Randoe, V.P.

Date: **4/24/2009** Daytime Phone: **201-830-6155**

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

REINSTATEMENT 2007-2009

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