Florida Department of State

Division of Corporations

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To:

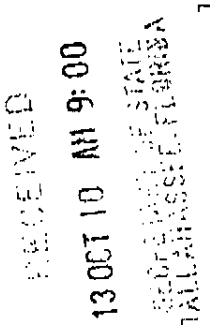
Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____



LIMITED LIABILITY REINSTATEMENT
LMT PROPERTIES LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000145339

REINSTATEMENT

CR2E041 (1/11)

1. Limited Liability Company's Name
LMT Properties LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Greenwich Office Park	2 Greenwich Office Park
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Greenwich, CT	City & State Greenwich, CT
Zip 06831 Country USA	Zip 06831 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/29/2011

6. FEI Number: 45-4146247 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address: legal@fifthstreetfinance.com
(To be used for future annual report notices)

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 10/10/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leonard M. Tannenbaum	10 Bank St, 12th Floor	White Plains, NY 10606

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 10/10/2013 Daytime Phone # 914-286-6802

Typed or printed name of signing Managing Member/Manager Leonard M. Tannenbaum

OCT 10 2013

M. WILLIAMS