PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000143777

1. Limited Liability Company's Name
LAS OLAS GATEWAY, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 East Las Olas Blvd.	401 East Las Olas Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 2200	Suite 2200
City & State	City & State
Fort Lauderdale	Fort Lauderdale
Zip / Country	Zip / Country
33301 / U.S.	33301 / U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/13/2012

6. FEI Number: [ ] Applied For [x] 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: Robert J. Puck

Street Address (P.O. Box Number is Not Acceptable): 401 East Las Olas Blvd.

Suite, Apt. #, Etc.: Suite 2200

City: Fort Lauderdale | State: FL | Zip Code: 33301

E-mail Address:

700252261957
10/01/13--01004--006 **268.75

rpuck@wldent.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: 9/30/13
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	Las Olas Real Estate V, LLC	401 East Las Olas Blvd., Suite 2200	Fort Lauderdale, FL 33301

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: 9/30/13 Daytime Phone #: 954-768-8243

Typed or printed name of signing Managing Member/Manager: Robert J. Puck, as Treasurer of Las Olas Real Estate V, LLC

OCT -1 2013

M. WILLIAMS