

M00000000399

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AK
CR2E041 (8/05)

DOCUMENT # M00000000399

1. Limited Liability Company's Name
CRESCENT MIAMI CENTER, LLC

2. Principal Office Address

210 S. BISCAYNE

Suite, Apt. #, etc.
2950

City & State
MIAMI, FL

Zip
33131

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 2/28/2000

6. FEI Number

75-2862369

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

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

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

Amanda Haddan
as its agent

REGISTERED AGENT MUST SIGN

Date

11/14/06

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	Crescent Real Estate Equities, Ltd	777 Main Street, Suite 2100	Fort Worth, TX 76102
REINSTATEMENT 2006			600081776976

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

11-13-06

Daytime Phone #

817-321-1456

Typed or printed name of signing Managing Member/Manager

ELIZABETH A. HAYS
ASSISTANT SECRETARY



CORPORATION SERVICE COMPANY

M00000000399

ACCOUNT NO. : 072100000032
REFERENCE : 598712 5028300
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV 14 AM 9:00

FILED

ORDER DATE : November 14, 2006
ORDER TIME : 3:31 PM
ORDER NO. : 598712-005
CUSTOMER NO: 5028300

[Handwritten initials BK]

REINSTATEMENT

NAME: CRESCENT MIAMI CENTER, LLC

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2006 NOV 14 PM 4:09

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____