

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN -9 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M000000000573

1. Limited Liability Company's Name

AP-GP POB IV LLC

7000004777307--5  
-01/16/02--01027--006  
\*\*\*150.00 \*\*\*150.00

2. Principal Office Address

2 Manhattanville Road

Suite, Apt. #, etc.

City & State

Purchase, New York

Zip 10577

Country USA

3. Mailing Office Address

2 Manhattanville Road

Suite, Apt. #, etc.

City & State

Purchase, New York

Zip 10577

Country USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

3/23/00

6. FEI Number

13-4063719

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporate Services 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

*Debra Bunker Asst. Sec.*  
REGISTERED AGENT MUST SIGN

Date

1/4/02

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
M	Apollo Real Estate Investment Fund IV, L.P. (member)	2 Manhattanville Road	Purchase, NY 10577
	Kronus Property IV, Inc. (manager)	2 Manhattanville Road	Purchase, NY 10577

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

*Joel Cohn*

Date

10/24/01

Daytime Phone #

914-694-8000

Typed or printed name of signing Managing Member/Manager

Joel Cohn

CR2E041 (9/01)