

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 22 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001280

Name and Mailing Address

0015199 01 MB 0.309 **AUTO T7 0 0615 02109-177510



VRS/TA ASSOCIATES LLC
% TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109-1775

Handwritten initials



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

VA

5. Date Organized or Qualified
To Do Business in Florida

06/26/2000

Principal Place of Business

% TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

04-3392467

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

Handwritten signature
REGISTERED AGENT MUST SIGN

Date 12-19-2003

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TA RICH LLC	28 STATE ST., 10TH FL	BOSTON MA 02109

REINSTATEMENT 2003

700025690707

Handwritten initials

12. 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

TA Rich LLC, Mgr. by Realty Associates Advisors LLC, its Manager

Michael A. Ruane, Member

Date 11-30-03 Daytime Phone 617 476 2700



M00000000 1280

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 368596 4304937

AUTHORIZATION :

Patricia Pizento

COST LIMIT : \$ 150.00

FILED
03 DEC 22 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 19, 2003

ORDER TIME : 11:31 AM

ORDER NO. : 368596-010

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

FILED
03 DEC 22 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: VRS/TA ASSOCIATES LLC

BR

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
03 DEC 22 PM 1:36
DIVISION OF CORPORATION