

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001538

1. Limited Liability Company's Name

1864 17TH STREET, SARASOTA, FLORIDA, LLC

04

FILED
2005 DEC 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900062473339

CR2E041 (8/05)

2. Principal Office Address
30 Broad Street, 31st Floor

3. Mailing Office Address
30 Broad Street, 31st Floor

Suite, Apt. #, etc.

c/o UrbanAmerica, L.P.

Suite, Apt. #, etc.

c/o UrbanAmerica, L.P.

City & State

New York, NY

City & State

New York, NY

Zip

10004

Country

USA

Zip

10004

Country

USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida

08/04/2000

6. FEI Number

13-4129488

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

Date

12/29/05

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
MGRM	1864 17th Street, Sarasota, Florida MM, LLC	30 Broad Street, 31st Floor	New York, NY 10004

REINSTATEMENT

2404-2005

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

Robert Stark

Date

12/9/05

Daytime Phone #

(212) 612-9091

ROBERT STARK

Typed or printed name of signing Managing Member/Manager

Vice President, Asset Management



MO0000001538

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION

[Signature]

COST LIMIT : \$ 205.00

FILED
2005 DEC 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2005

ORDER TIME : 10:50 AM

ORDER NO. : 783948-075

CUSTOMER NO: 5170790

REINSTATEMENT

[Signature]

NAME: 1864 17TH STREET, SARASOTA,
FLORIDA, LLC

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05 DEC 29 PM 12:56
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris EXT 2937

EXAMINER'S INITIALS _____