

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M00000001794**

1. Limited Liability Company's Name

LAUDERDALE LAKES MALL MM, LLC

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

09/06/2000

6. FEI Number

13-4133886

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<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | UrbanAmerica, L.P.                   | 30 Broad Street, 31st Floor                       | New York, NY 10004 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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

12/29/05

Daytime Phone # (212) 612-9091

**ROBERT STARK**

Typed or printed name of signing Managing Member/Manager

**Vice President, Asset Management**

**FILED**

2005 DEC 29 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000062473400

CR2E041 (8/05)

**REINSTATEMENT 2003-2005**



CORPORATION SERVICE COMPANY

M 000000001 794

2005 DEC 29 PH 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 783948 5170790

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 255.00

ORDER DATE : December 29, 2005

ORDER TIME : 10:53 AM

ORDER NO. : 783948-105

CUSTOMER NO: 5170790

*BH*

REINSTATEMENT

NAME: LAUDERDALE LAKES MALL MM, LLC

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 \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 DEC 29 PM 12:56