


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M01000000072			
1. Limited Liability Company's Name MISSION BAY SHOPPING CENTER, LLC			
2. Principal Office Address 13155 Noel Road Suite, Apt. #, etc. Suite 500 City & State Dallas, Texas Zip 75240 Country USA		3. Mailing Office Address 13155 Noel Road Suite, Apt. #, etc. Suite 500 City & State Dallas, Texas Zip 75240 Country USA	
4. State/Country of Formation Delaware/USA		5. Date Organized or Qualified To Do Business in Florida 1-10-2001	
6. FEI Number 75-2913735		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
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 Michael E. Jones REGISTERED AGENT MUST SIGN Assistant Secretary Date 12/8/05			
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	David Ridley	13155 Noel Road, Suite 500	Dallas, TX 75240
MGR	David Farmer	13155 Noel Road, Suite 500	Dallas, TX 75240
MGR	Ronald Ragsdale	13155 Noel Road, Suite 500	Dallas, TX 75240
MGR	Rockwell Hopkins	13155 Noel Road, Suite 500	Dallas, TX 75240
MGR	Michael Kirby	13155 Noel Road, Suite 500	Dallas, TX 75240
MGR	Tracy Green	13155 Noel Road, Suite 500	Dallas, TX 75240
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 Rockwell Hopkins Date 12/1/05 Daytime Phone # 972-715-7400 Typed or printed name of signing Managing Member/Manager Rockwell Hopkins			