

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MOIUUUUUU338

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 DEC 28 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M01000000338**

1. Limited Liability Company's Name

Gale Global Facility Services, LLC.

800082840128

CR2E041 (8/05)

2. Principal Office Address

343 Thornall Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7817

Suite, Apt. #, etc.

City & State

Edison, NJ

City & State

Edison, NJ

Zip

08837

Country

USA

Zip

08818

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2/12/2001

6. FEI Number

20-4807832

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

Elizabeth B. Komieczny
REGISTERED AGENT MUST SIGN

Date

12/28/06

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	The Gale Real Estate Company LLC	343 Thornall Street	Edison, NJ 08837

REINSTATEMENT 2006

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

Barry Lefkowitz

Date **12/27/06**

Daytime Phone #

732-590-1000

Typed or printed name of signing Managing Member/Manager

Barry Lefkowitz

Gale Global Facility Services LLC
By: The Gale Real Estate Company LLC
Its sole member

By: Mack-Cali Services Inc.
Its sole member

By: Barry Lefkowitz
Executive Vice
President and CFO



CORPORATION SERVICE COMPANY

MU6000000338

ACCOUNT NO. : 072100000032

REFERENCE : 690212 7163215

AUTHORIZATION :

COST LIMIT : \$155.00

FILED
06 DEC 28 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 28, 2006

ORDER TIME : 3:57 PM

ORDER NO. : 690212-035

CUSTOMER NO: 7163215

BM

REINSTATEMENT

NAME: GALE GLOBAL FACILITY SERVICES,
LLC

RECEIVED
06 DEC 28 PM 4:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____