M01000000866

FILE No. 1010 2/ 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

APPLICATION FOR REINSTATEMENT

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

1. DOCUMENT # M01000000866

Name and Mailing Address

0015200 01 MB 0.305 **AUTO T7 0 0618 02109-177510

REALTY ASSOCIATES FUND V LLC
C/O TA ASSOCIATES REALTY
28 STATE ST., 10TH FLOOR
BOSTON MA 02109-1775

REINSTATEMENT 2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: MA

5. Date Organized or Qualified To Do Business in Florida: 04/18/2001

Principal Place of Business
C/O TA ASSOCIATES REALTY
28 STATE ST., 10TH FLOOR
BOSTON MA 02109

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 04-3463139 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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: [signature] Asst. V.P.
REGISTERED AGENT MUST SIGN
Date 11-5-2003

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	REALTY ASSOCIATES ADVISORS, LLC	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109

JB 11-6-03

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: [signature] SIGNATURE REQUIRED
Michael A. Ruane, Trustee of Member of Manager
Date 11/4/03
Daytime Phone # 617 476 2700

2002

Florida Department of State
Division of Corporations
Public Access System

DEW

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Account Number : I20000000195
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TALLAHASSEE FLORIDA

LIMITED LIABILITY REINSTATEMENT

REALTY ASSOCIATES FUND V LLC

Certificate of Status	0
Certified Copy	0
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