FILED
13 MAY 24 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M01000002017

1. Limited Liability Company's Name
Locke Sovran I L.L.C.

2. Principal Office Address - No P.O. Box's	3. Mailing Office Address
6467 Main Street	6467 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Buffalo, New York	City & State: Buffalo, New York
Zip: 14221 Country: USA	Zip: 14221 Country: USA

4. State/Country of Formation: New York
5. Date Organized or Qualified To Do Business in Florida: August 31, 2001
6. FEI Number: 16-1597988 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

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

E-mail Address: agregoire@sovranss.com
(To be used for future annual report notices)

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: Ann J. Williams — ANN J. WILLIAMS, Assistant Vice President Date: 5/24/2013
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	Sovran Acquisition Limited Partnership	6467 Main Street	Buffalo, New York 14221
			S. HAWKES
	REINSTATEMENT		MAY 24 2013
	2010-13		EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: D. Rogers Date: 5/24/13 Daytime Phone #: 716-650-6444

Typed or printed name of signing Managing Member/Manager: David Rogers

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
LOCKE SOVRAN I L.L.C.

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