



M0100000U2808

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> FILED STATE SECRETARY OF CORPORATIONS 09 DEC - 8 PM 1:31 </div>	
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: right; font-size: 2em;">04</div> <div style="text-align: right; font-size: 3em;">BKC</div> <p style="text-align: right;">CR2E041 (11/09)</p>					
2. Principal Office Address - No P.O. Box # 28 State Street Suite, Apt. #, etc. 10th Floor City & State Boston, MA Zip Country 02109 USA		3. Mailing Office Address 28 State Street Suite, Apt. #, etc. 10th Floor City & State Boston, MA Zip Country 02109 USA		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida 12/14/2001 6. FEI Number 75-2676423 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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 32301				<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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  Jeanine Reynolds Date 12-8-09 REGISTERED AGENT MUST SIGN as its agent					
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		
MEM	PRI Core Realty Holdings, LLC	84 State Street	Boston, MA 02109-2102		
			400163416754		
REINSTATEMENT 2004-2009					
11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>					
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 608.408, 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 See attached addendum Date 12/7/2009 Daytime Phone # 617-476-2700 Typed or printed name of signing Managing Member/Manager _____					

MU1000002808

SIGNATURE RIDER TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR LIMITED LIABILITY COMPANY REINSTATEMENT OF
MEDLEY INDUSTRIAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -8 PM 1:37

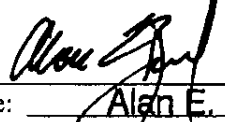
MEMBER:

PRIT CORE REALTY HOLDINGS, LLC,
a Delaware limited liability company

By: Pension Reserves Investment Management
Board, as Trustee of the Pension Reserves
Investment Management Trust Fund,
Managing Member

By: Realty Associates Advisors LLC

By: Realty Associates Advisors Trust

By: 
Name: Alan E. Brand
Title: Regional Director

BK



CORPORATION SERVICE COMPANY

Mo10000002808

RECEIVED
09 DEC -8 AM 10:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 210478 5138497

AUTHORIZATION :

COST LIMIT : \$ 932.50

[Signature]

ORDER DATE : December 8, 2009

ORDER TIME : 9:33 AM

ORDER NO. : 210478-005

CUSTOMER NO: 5138497

FILED
09 DEC -8 PM 1:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REINSTATEMENT

NAME: MEDLEY INDUSTRIAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

BK