

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000775

1. Limited Liability Company's Name

METRA Westwood GP, LLC

2. Principal Office Address - No P.O. Box #

1800 Valley View Lane

Suite, Apt. #, etc.

Suite 300

City & State

Dallas, TX

Zip

75234

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

March 25, 2002

6. FEI Number

010617475

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

National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2730 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☒ 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

[Signature]

BARBARA TILMATH, ASST. SEC.
REGISTERED AGENT MUST SIGN

Date 6/20/10

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	METRA Capital, LLC	1800 Valley View Ln, Ste 300	Dallas, TX 75234
REINSTATEMENT 08-10			
DB			

11. E-mail Address: _____
(To be used for future annual report notifications)

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

[Signature]

Date 5/26/10

Daytime Phone # 409-622-4348

Typed or printed name of signing Managing Member/Manager Bradley J. Kyles, Vice President of Managing Member

10 JUL -7 PM 4:31

FILED

600181985506
06/11/10--01024--003 **416.25
CR2E041 (11/09)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2010

METRA WESTWOOD GP, LLC
1800 VALLEY VIEW LANE
SUITE 300
DALLAS, TX 75234

SUBJECT: METRA WESTWOOD GP, LLC
Ref. Number: M02000000775

We have received your document for METRA WESTWOOD GP, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no statutory provision for the waiver of the reinstatement fee.

There is a balance due of \$100.00.

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 810A00014582