PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 PM 5:57

1. DOCUMENT # M02000000853

Name and Mailing Address

000400003 01 A0 0.301 **AUTO H5 0 0815 10016-390306
BIRCH APARTMENTS, LLC
200 MADISON AVENUE, 5TH FLOOR
NEW YORK NY 10016-3903
ATTN: JOHN GACINSK.

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
04/03/2002

6. FEI Number
43-1954920
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

Principal Place of Business
200 MADISON AVENUE, 5TH FLOOR
NEW YORK NY 10016

3. New Principal Place of Business Address

City, State, Zip

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 By: Corporation Service Company
James Grier, Assistant Vice President Representative

Date 12/29/2003

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
MGRM	ROSE, ADAM R	200 MADISON AVENUE, 5TH FLOOR	NEW YORK NY 10016

900025941839
01702704--01057--001 **150.00

REINSTATEMENT 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 REQUIRED Date 12/30/03 Daytime Phone # 212-210-6639

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)

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