

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
03 DEC 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002151

Name and Mailing Address

0015201 01 MB 0.309 **AUTO T7 0 0615 02109-177510



PRIM FLEMING WAREHOUSE, LLC
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109-1775



BR

2. New Mailing Address

City, State, Zip

Principal Place of Business

28 STATE STREET, 10TH FLOOR
BOSTON MA 02109

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

08/16/2002

6. FEI Number

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

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-19-2003

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	TA REALTY, LLC	28 STATE STREET, 10TH FL	BOSTON MA 02109
			500025681405

REINSTATEMENT *2003*

BR

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
Associates Advisors Trust, Member by Richard G. Egan, Jr. its Sr.VP, Treasurer & Secretary

Date 11/30/03 Daytime Phone # 617-476-2700

Associates Advisors Trust, Member by Richard G. Egan, Jr. its Sr.VP, Treasurer & Secretary

CR2E034 (7/03)

**Florida Department of State
Certificate of Administrative Dissolution or Revocation**

On June 30, 2003, the Florida Department of State notified the limited liability company indicated below of its intent to dissolve/revoke said limited liability company for failure to file its 2003 uniform business report. Having met the requirements of Section 608, Florida Statutes, this limited liability company is hereby administratively dissolved or revoked effective September 26, 2003, for failure to file its 2003 uniform business report pursuant to Chapter 608, Florida Statutes.



M02000002151

PRIM FLEMING WAREHOUSE, LLC

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 26th day of September, 2003.

Glenda E. Hood

Glenda E. Hood, Secretary of State

This limited liability company may be reinstated by filing the attached Application for Reinstatement signed by the Registered Agent and a managing member/manager and paying \$150.00 before January 1, 2004. After January 1, 2004 total amount due is \$200.00.



CORPORATION SERVICE COMPANY™

MO2000002151

ACCOUNT NO. : 072100000032

REFERENCE : 368112 4304937

AUTHORIZATION :

Patricia Pigatto

COST LIMIT : \$ 150.00

ORDER DATE : December 19, 2003

ORDER TIME : 9:43 AM

ORDER NO. : 368112-010

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

BR

NAME: PRIM FLEMING WAREHOUSE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 DEC 22 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA