

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

M02000002155

FILED

1. DOCUMENT # M02000002155

Name and Mailing Address

0016259 01 MB 0.309 **AUTO TO 0 0615 44122-724999

SM NEWCO OCALA, LLC
% DEVELOPERS DIVERSIFIED REALTY CORP
3300 ENTERPRISE PARKWAY
BEACHWOOD OH 44122-7249

03 NOV 26 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300025236343
12/04/13--01035--002 **150.00



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business % DEVELOPERS DIVERSIFIED REALTY CORP 3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Conne Bryan **SIGN SPECIAL ASSISTANT/SECRETARY** Date 11/21/03

REGISTERED AGENT MUST SIGN

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	KLA/SM NEWCO GC, LLC	3300 ENTERPRISE PARKWAY	BEACHWOOD OH 44122
REINSTATEMENT 2003			
BK			

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 Craig A Schultz **REQUIRED** Date 11/12/03 Daytime Phone # 216-755-5500

Typed or printed name of signing Managing Member/Manager Craig A Schultz

CR2EQ34 (7/03)