

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 10: 00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

MO200000 2168

1. Limited Liability Company's Name

G&I III WESTLAKE LLC

2. Principal Office Address

220 E. 42nd Street

Suite, Apt. #, etc.

27th Floor

City & State

New York, NY

Zip

10017

Country

3. Mailing Office Address

220 E. 42nd Street

Suite, Apt. #, etc.

27th Floor

City & State

New York, NY

Zip

10017

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

8/16/2002

6. FEI Number

35-2178835

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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]

Date

11/24/04

REGISTERED AGENT MUST SIGN

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
MGRM	G&I III INVESTMENT WESTLAKE LLC	220 East 42nd Street, 27th Floor	New York, NY 10017
			400045964884 02/03/05--01010--016 **50.00
			400043303534 12/03/04--01054--005 **150.00

11. 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]

Date 11/23/2004

Daytime Phone# 212 697-4740

Typed or printed name of signing Managing Member/Manager

Francis X. Tansey

CR2EM1 (10/02)