M03000000203

FILED
05 SEP 26 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

700059963127

DOCUMENT # M03000000203

1. Limited Liability Company's Name

Southeast Residential II Associates LLC

2. Principal Office Address		3. Mailing Office Address	
825 Third Avenue		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
36th Floor			
City & State		City & State	
New York, New York			
Zip	Country	Zip	Country
10022	USA		

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 54-2094451 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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: Laura R. Dunlap — Laura R. Dunlap as its agent — Date: 9/26/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Mem.	P V Southeast Residential II LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2004-2005

BK

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: 9/26/05 Daytime Phone #: 212 244 4639

Typed or printed name of signing Managing Member/Manager: Jeffrey Hertz, V.P. of Managing Member

CORPORATION SERVICE COMPANY®

M03000000203

ACCOUNT NO. : 072100000032

REFERENCE : 617395 4348715

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 205.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 26, 2005

ORDER TIME : 2:59 PM

ORDER NO. : 617395-005

CUSTOMER NO: 4348715

CUSTOMER: Wayne M. Lopkin, Esq.
Wayne M. Lopkin Llc
Suite 1007
52 Vanderbilt Avenue
New York, NY 10017

REINSTATEMENT

NAME: SOUTHEAST RESIDENTIAL II ASSOCIATES LLC

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05 SEP 26 PM 4:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____