


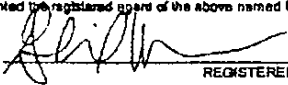
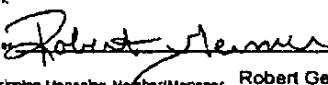
To: Subject 000173.96852

From: Ricky Soto

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000000221 1. Limited Liability Company's Name NGP Realty Sub GP, LLC			
2. Principal Office Address - No P.O. Box # 2951 28th Street State, Apt. #, etc. Ste. 3000 City & State Santa Monica, CA Zip 90405		3. Mailing Office Address 2951 28th Street Suite, Apt. #, etc. Ste. 3000 City & State Santa Monica, CA Zip 90405	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 01/21/2003	
6. FEI Number 320051872		Applied For <input 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 Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City Weston			
State FL		Zip Code 33331	
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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  Gabriel Hughes, Assistant Secretary Date 12/15/2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	David Castiblanco	2951 28th Street, Ste 3000	Santa Monica, CA 90405
Mgr	Alan Kava	2951 28th Street, Ste 3000	Santa Monica, CA 90405
Mgr	Robert Gelmer	2951 28th Street, Ste 3000	Santa Monica, CA 90405
REINSTATEMENT			
05-08			
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 608.408, 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  Date 12-15-08 Daytime Phone # 770 541 9046 Typed or printed name of signing Managing Member/Manager Robert Gelmer			

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 AM 8:41

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CR2E041 (10/08)

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To: Subject: 000173.96852
Division of Corporations

From: Ricky Soto

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Florida Department of State
Division of Corporations
Public Access System

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000274123 3)))



H080002741233ABC.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

FILE FIRST

000173.96852.1

LIMITED LIABILITY REINSTATEMENT

NGP REALTY SUB GP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$660.00

RECEIVED
08 DEC 15 AM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

File First... file this Reinstatement BEFORE the reinstatement for "NGP Realty Sub, L.P."
M. THOMAS

EXAMINED