M03000000226

FILED
2006 APR -3 PM 5:18
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

300069395623

DOCUMENT # M03000000226

1. Limited Liability Company's Name

S.E. Residential Sky Pines Associates LLC

04

MK

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

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: January 21, 2003

6. FEI Number: 54-2094465 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee is 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: Laura R. Dunlap Laura R. Dunlap as its agent Date: 4/3/06

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Southeast Residential II	825 Third Avenue, 36th Floor	New York, New York 10022
	Associates LLC		

REINSTATEMENT 2004-2006

FILED
2006 APR -3 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jeffrey Hertz Date: 4/3/06 Daytime Phone #: 212-224-5639

Typed or printed name of signing Managing Member/Manager: Jeffrey Hertz, VP of Managing Member of Managing Member

CSC

CORPORATION SERVICE COMPANY

M03000000226

ACCOUNT NO. : 072100000032

REFERENCE : 960261 4348715

AUTHORIZATION

COST LIMIT : $ 255.00

ORDER DATE : April 3, 2006

ORDER TIME : 4:0 PM

ORDER NO. : 960261-005

CUSTOMER NO: 4348715

FILED
2006 APR -3 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: S.E. RESIDENTIAL SKY PINES ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS

RECEIVED
06 APR -3 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA