


M030U0000682

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
500074693935																															
DOCUMENT # 1. Limited Liability Company's Name S. E. Residential Brandywyne West LLC																															
2. Principal Office Address 825 Third Avenue Suite, Apt. #, etc. 36th Floor City & State New York, New York Zip Country 10022 USA		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country																													
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 2/26/2006																													
6. FEI Number 14-1881715		Applied For Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Naya Street Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 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 <u>Laura R. Dunlap</u> Date <u>5/16/06</u> REGISTERED AGENT MUST SIGN <u>as its agent</u>																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Southeast Residential II Associates LLC</td> <td>825 Third Avenue, 36th Floor</td> <td>New York, New York 10022</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Southeast Residential II Associates LLC	825 Third Avenue, 36th Floor	New York, New York 10022																				
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REINSTATEMENT 2004-2006																															
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 <u>Jeffrey Hertz</u> Date <u>5/16/06</u> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager <u>Jeffrey Hertz, V.P.</u>																															

CR2ED41 10/07



CORPORATION SERVICE COMPANY

M03000000682

LIST

ACCOUNT NO. : 072100000032

REFERENCE : 109809 4348715

AUTHORIZATION

COST LIMIT : \$ 255.00

ORDER DATE : May 16, 2006

ORDER TIME : 1:55 PM

ORDER NO. : 109809-010

CUSTOMER NO: 4348715

FILED
2006 MAY 16 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

REINSTATEMENT

NAME: S. E. RESIDENTIAL BRANDYWYNE
WEST LLC

RECEIVED
06 MAY 16 PM 2:52
DEPARTMENT OF STATE
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: Heather Chapman

EXAMINER'S INITIALS _____