## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TENOETTEND	ALC INGTROOT	TONO BEI ONE		ITO TINOT OILM.	
COMPANY Se			RTMENT OF STATE ary of State corporations		OS HAY 18 AM 8: 15	
DOCUMENT # M03000000746  1. Limited Liability Company's Name  TC PORT YBOR LLC					A PE	
2. Principal Office Address - No P.O. Box # 3. Making Office Address			/8ss	1	CR2E041 (12/07)	
ľ	Cedar Springs Rd	2650 Cedar Springs Rd		A. Cinto/Coup	les of ffmatter	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation Delaware		
Suite	•	1 i		5. Date Organ	5. Date Organized or Qualified	
City & State		Suite 850 City & State		To Do Business in Florida March 5, 2003		
Dallas		Dallas, TX		6. FEI Number Applied For		
Zip	Country	Zip	Country	<del></del>	62348 Not Applicable	
75201	•	75201	USA	7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status	
	8. Name and Address o	f Current Registered Age				
Name				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		
	orporation Service					
_	fress (P.O. Box Number is Not Acceptable	)				
Suite, Apt.	201 Hays Street	<del></del>	<del></del>			
, Outer, Apr. &; G.L.,				not received and requesting the \$100 reinstatement be waived.		
City Tallahassee			State Zip Code 32301	- remainiqui de waiveu.		
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obliquations of Chapter 608, F.S.						
9. 1, being appointed the registered agent of the above named limited liability company, am smillar with and accept the obligations of Chapter 608, F.S.  Signature of Chapter 608, F.S.						
Registered Agent Dete 5-18-08						
10. Name	os and Street Addresses of Managing Mer	nbers/Menagers			T	
Titles	Name of Managing Members/Managers		Street Address of Eac Managing Member/Man		City / State / Zip	
	LIT Industrial Limited Partne 2650 Cedar Springs Rd, Ste 8 Dallas, TX 75201					
	10.1/					
	<del>-</del>	71~			,	
		/ \ 	~ 4414-)	11/14		
	DEINSTAT	FMEN!	), IJUX ~	7001		
	IJFII4A IV.	THE RESIDENCE OF THE PERSON OF				
			<del></del>	ar ar	00156136524	
11. I certify that flam 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited flability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited flability company have been pald. 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 See attacked Date 05/15/09 Daytime Phone # 214.647-4900						
Typed or printed name of signing Managing Member/Manager See attached						

## MU3000000746

TC PORT YBOR LLC, a Delaware limited liability company

- By: LIT Industrial Limited Partnership, a Delaware limited partnership, its sole member
- By: LIT Holdings GP, LLC, a Delaware limited liability company, its general partner
- By: Lion Industrial Properties, L.P., a Delaware limited partnership, its sole member
- By: LIT GP Sub, LLC, a Delaware limited liability company, its general partner
- By: Lion Industrial Trust, a Maryland real estate investment trust, its manager

By:\_\_

John R. Killian, Treasurer

FILED

09 MAY 18 AM 8: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M



## M03000000746

ACCOUNT NO.

: I2000000195

REFERENCE :

998552 4329383

AUTHORIZATION

COST LIMIT

ORDER DATE : May 18, 2009

ORDER TIME : 4:02 PM

ORDER NO. : 998552-005

CUSTOMER NO:

4329383

## REINSTATEMENT

NAME: TC PORT YBOR LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS