

09/28/2005 17:49 FTP

SCANS

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09/28/2005 09:10 FTP

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M03000003850

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003850

1. Limited Liability Company's Name

Sierra Point Residential Associates LLC

2. Principal Office Address

825 Third Avenue

Suite, Apt. #, etc.

36th Floor

City & State

New York, New York

Zip

10022

Country

New York

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

November 18, 2003

6. FEI Number

20-0351963

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒25% Addition of Limited Liability
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 Bays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303-2525

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

9/29/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	9 V Sierra Point LLC	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2004-2005

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 9/28/05

Daytime Phone # 212-224-5639

Typed or printed name of signing Managing Member/Manager Jeffrey Hertz, Vice President of Managing Member

05 SEP 29 PM 1:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500060074835



CORPORATION SERVICE COMPANY

M03000003850

ACCOUNT NO. : 072100000032

REFERENCE : 624512 4348715

AUTHORIZATION :

COST LIMIT : \$ 205.00

Patricia Piguet

FILED
05 SEP 29 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 29, 2005

ORDER TIME : 9:17 AM

ORDER NO. : 624512-005

CUSTOMER NO: 4348715

BK

REINSTATEMENT

NAME: SIERRA POINT RESIDENTIAL
ASSOCIATES LLC

RECEIVED
05 SEP 29 AM 10:50
SECRETARY 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: Troy Todd

EXAMINER'S INITIALS _____