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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 MAY 16 A 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000004293					
1. Limited Liability Company's Name CRLP Metrowest LLC					
2. Principal Office Address 2101 6th Avenue N		3. Mailing Office Address 2101 6th Avenue N		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. Suite 750		Suite, Apt. #, etc. Suite 750		5. Date Organized or Qualified To Do Business in Florida	
City & State Birmingham, AL		City & State Birmingham, AL		6. FEI NUMBER 63-1098468 ☐ Applied For ☒ Not Applicable	
Zip 35203	Country USA	Zip 35203	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ See 608.07 for instructions	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, etc.					
City Plantation					
State FL					
Zip Code 33324					
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 _____ Jennifer F. Aultman _____ Date _____ Assistant Secretary REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgr	John P. Rigrish	2101 6th Avenue North, Suite 750		Birmingham, AL 35203	
REINSTATEMENT					
04-06					
AL					
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 John P. Rigrish _____ Date 5/12/2006 Daytime Phone # 205-250-8798 Typed or printed name of signing Managing Member/Manager John P. Rigrish, Chief Administrative Officer					

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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

CRLP METROWEST LLC

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