

# MU4 000000039

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


07 MAY -3 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

800101589498

CR2E041 (8/05)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** M04000000039

**1. Limited Liability Company's Name**

Mizner Park Holdings V, LLC

05

**2. Principal Office Address**

110 North Wacker

Suite, Apt. #, etc.

City & State

Chicago, IL

Zip

60606-1511

Country

USA

**3. Mailing Office Address**

110 North Wacker

Suite, Apt. #, etc.

Attn: General Counsel

City & State

Chicago, IL

Zip

60606-1511

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified  
To Do Business in Florida**

01/05/04

**6. FEI Number**

59-3774649

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$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 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code  
32301

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-3-07

**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	The Rouse Company Operating Partnership LP	110 North Wacker Drive	Chicago, IL 60606-1511

BK

REINSTATEMENT

2005-2007

**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

By: The Rouse Company LP, its general partner

By: Rouse LLC, its general partner

Date 5-2-07

Daytime Phone # 312-960-5000

Typed or printed name of signing Managing Member/By:

Linda J. Wright, Assistant Secretary



CORPORATION SERVICE COMPANY

**Mot 00000039**

ACCOUNT NO. : 072100000032

REFERENCE : 880843 5029428

AUTHORIZATION

COST LIMIT : \$250.00

*Debbie Skipper*

ORDER DATE : May 3, 2007

ORDER TIME : 11:36 AM

ORDER NO. : 880843-010

CUSTOMER NO: 5029428

BK

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07 MAY -3 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: MIZNER PARK HOLDINGS V, LLC

XX REINSTATEMENT

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS \_\_\_\_\_