

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #M04000000283**

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

MRH Properties, L.L.C.

**2. Principal Office Address - No P.O. Box #**

c/o ING Clarion Partners, 230 Park Ave.

Suite, Apt. #, etc.

12th Floor

City & State

New York, NY

Zip

10169

Country

USA

**3. Mailing Office Address**

c/o ING Clarion Partners, 230 Park Ave.

Suite, Apt. #, etc.

12th Floor

City & State

New York, NY

Zip

10169

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified**

To Do Business in Florida 1/22/2004

**6. FEI Number**

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

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

Antusha Putty

☐ 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 not received and requesting the \$100 reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and understand the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Vice President  
and Assistant Secretary

Date 9/4/08

**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	Mizner Residential Holdings, Inc.	c/o ING Clarion Partners, 230 Park Ave.	New York, NY 10169
			L. SELLERS
			SEP - 5 2008

**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

John H. Vogel, Asst. Secy

Date 8/29/08

Daytime Phone# 242-457-6460

Typed or printed name of signing Managing Member/Manager

John Vogel, Asst. Secretary of Mizner Residential Holdings, Inc.

FILED

08 SEP -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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REINSTATEMENT