

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 PM 2:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000002325

1. Limited Liability Company's Name

WEST PORT COLONY INVESTORS LLC

PK
07

000162566460

CR2E041 (12/07)

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

SUITE 700N

Suite, Apt. #, etc.

601 13TH STREET NW

City & State

WASHINGTON, DC

Zip

20005

Country

3. Mailing Office Address

SUITE 700N

Suite, Apt. #, etc.

601 13TH STREET NW

City & State

WASHINGTON, DC

Zip

20005

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

JUNE 15, 2004

6. FEI Number
73-1708841

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

☐ 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 accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Joyce L. Markley

Joyce L. Markley
as its agent

REGISTERED AGENT MUST SIGN

Date 11/5/09

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 |
|--------|--------------------------------------|---|----------------------|
| M | ING CLARION PTNRS LLC | 601 13TH ST NW #700N | WASHINGTON, DC 20005 |
| MGR | | | |
| | | | |
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REINSTATEMENT 2007-2009

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

Robert D. Grever, Jr.

Date 11/4/09

Daytime Phone # 202.393.1957

Typed or printed name of signing Managing Member/Manager

Robert D. Grever, Jr., Authorized Signatory



CORPORATION SERVICE COMPANY

M04000002325

ACCOUNT NO. : I20000000195

REFERENCE : 170837 7521639

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : October 28, 2009

ORDER TIME : 1:30 PM

ORDER NO. : 170837-005

CUSTOMER NO: 7521639

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF
09 NOV - 6 PM 2:07

BK

REINSTATEMENT

NAME: WEST PORT COLONY INVESTORS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____

RECEIVED
09 NOV - 6 AM 10:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA