

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M05000000833

1. Limited Liability Company's Name

TA Cresthaven, LLC

08

FILED  
08 OCT -3 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

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

2601 South Military Trail

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

USA

3. Mailing Office Address

28 State Street

Suite, Apt. #, etc.

10th Floor

City & State

Boston, MA

Zip

02109

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

2/14/2005

6. FEI Number

341995692

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

*Shirley Bell*

REGISTERED AGENT MUST SIGN

Date

10/3/08

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	The Realty Associates Fund VII LP	28 State Street, 10th Floor	Boston, MA 02109

REINSTATEMENT 2008

400136651674

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

*Michael Ruane*

Date 10/2/08

Daytime Phone # 617-476-2700

Typed or printed name of signing Managing Member/Manager

Michael A. Ruane



CORPORATION SERVICE COMPANY

M05000000833

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08 OCT -3 PM 1:59

ACCOUNT NO. : 072100000032

REFERENCE : 745383

5138497

AUTHORIZATION

COST LIMIT

*[Signature]*  
\$ 238.75

FLORIDA STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : October 2, 2008

ORDER TIME : 11:20 AM

ORDER NO. : 745383-005

CUSTOMER NO: 5138497

FILED  
08 OCT -3 AM 9:15  
FLORIDA STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: TA CRESTHAVEN, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS

*BK*