# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.**

Email Address: ocurry@stroock.com

FILED
09 NOV 13 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
09 NOV 13 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT**
**BOYNTON SHOPPES ACQUISITION LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$238.75~~ |

$ 138.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000001468

1. Limited Liability Company's Name

Boynton Shoppes Acquisition LLC

CR2E041 (10/08)

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 245 Park Avenue | | P. O. Box 5005 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 2nd Floor | | | |
| City & State | | City & State | |
| New York, New York | | New York, New York | |
| Zip | Country | Zip | Country |
| 10167 | USA | 10163 | USA |

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business In Florida: March 18, 2005

6. FEI Number: 20-3068567 ☐ 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

☒ 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: Connie Bruce — Date: 11/13/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | Boynton Shoppes Member LLC | P.O. Box 5005 | New York, NY 10163 |
| | | | |
| | | | |
| | REINSTATEMENT 09 | | |
| | | DBruce | |
| | | | |

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. By: Boynton Shoppes Member LLC, as sole member By: Commingled Pension Trust Fund (Special Investments) of JPMorgan Chase Bank, N.A., as sole member By: JPMorgan Chase Bank, N.A., as trustee

Signature of Managing Member/Manager: [signature] Date: 11/13/09 Daytime Phone #: (212) 648-2232

Typed or printed name of signing Managing Member/Manager: By: Ethel Gavrilova, Authorized Person