

# MO5000001478

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 MAY 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/07)

DOCUMENT # MO5000001478

1. Limited Liability Company's Name

CORAL PALM MEMBER LLC

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

245 PARK AVENUE

Suite, Apt. #, etc.

2ND FLOOR

City & State

NEW YORK, NY

Zip

10167

Country

UNITED STATES

3. Mailing Office Address

PO BOX 5005

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10163

Country

UNITED STATES

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 03/18/2005

6. FEI Number

202015003

☒ 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

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☒ 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

Michael J. Mitchell  
Vice President

Date 5/17/07

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
mgm	Commingled Pension Trust Fund (Special Situation Property) of JP Morgan Chase Bank, N.A.	245 PARK AVENUE, 2ND FLOOR, NEW YORK, NY 10167	
			100102289451 05/25/07--01025--019 **100.00
			REINSTATEMENT 2006-2007

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

Cyndi P. Quintero

Date 05/11/2007

Daytime Phone # 212.648.2245

Typed or printed name of signing Managing Member/Manager CYNDI P. QUINTERO VP