## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M0500001824  1. Entity Name THOR MS, LLC							NOV 13 AM 8: 4		
Principal Place of Business C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010			Mailing Address C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010			] 	II BUNG BUNG BUNG BUNG BUNG BUNG BUNG BU	1	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10122006	<del>.</del>	2E101 (11/05)	<del></del>
City & State			City & State			4. FEI Numb	°° 20-25908	99 AP	plied For t Applicable
Zip		Country	Zip	Counti	ry 	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	
	6. Name	and Address of Current R	egistered Agent Name			7. Name and Address of New Registered Agent			
	TH DADE	TE SERVICES, INC. LAND BLVD., SUITE	Street Address		Street Address (	s (P.O. Box Number is Not Acceptable)			
					City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NDTE: Registered Agent signature required when reinstating)  DATE									
		FEE IS \$50.00 , Fee will be \$100.00	In accordance with s. 607.193(2)( liability company did not receive t					•	
9. HILE				10.		ADDITIONS/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	THOR EQ 139 FIFTH	UITIES, LLC I AVENUE RK, NY 10010	NAME STREE			200021741488 11/13/06-01049006 **300.00			
HITLE NAME STHLET ADDRESS CITY-ST-ZIP								☐ Change	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			☐ Delete		T ADDRESS SI-ZIP			☐ Change	☐ Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP			☐ Delete		A ADDRESS S1 ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		TI ADDRESS ST. ZIP	1114		Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete		T ADDRÉSS ST-ZIP			☐ Change	Addition
11. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  Thor Urban Operating Fund LP  By: Thor Urban Operating Fund LP  SIGNATURE:    Oligida Statutes   10   10   10   10   10   10   10   1									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylima Phone 4									
Joseph J. Sitt									