

M05000002227

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:-

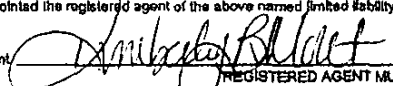
07 NOV 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

700112373397

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000002227 1. Limited Liability Company's Name P VI Magnolia Grove LLC			
2. Principal Office Address - No P.O. Box # 825 Third Avenue Suite, Apt. #, etc. 36th Floor City & State New York Zip 10022 Country US		3. Mailing Office Address 825 Third Avenue Suite, Apt. #, etc. 36th Floor City & State New York Zip 10022 Country US	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida April 28, 2005	
6. FEI Number 20-2769312		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			
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  Kimberly B. Moret REGISTERED AGENT MUST SIGN as its agent Date 11/15/07			
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
MGRM	TPF VI REIT	825 Third Ave., 36th Fl.	New York, NY 10022
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 608.408, 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  Ronald W. Strohl Date 11/15/07 Daytime Phone # 212-224-5600 Vice President of TPF VI REIT, Man.Mem.			



CORPORATION SERVICE COMPANY

M05000002227

RECEIVED

07 NOV 15 PM 12:44

ACCOUNT NO. : 072100000032

REFERENCE : 319826

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 205.00

ORDER DATE : November 15, 2007

ORDER TIME : 11:46 AM

ORDER NO. : 319826-005

CUSTOMER NO: 4348715

BK

FILED
07 NOV 15 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: P VI MAGNOLIA GROVE LLC

XX REINSTATEMENT

[Signature]

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____