M05000002227

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

07 NOV 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700112373397

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M05000002227

1. Limited Liability Company's Name

P VI Magnolia Grove LLC

06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
825 Third Avenue	825 Third Avenue
Suite, Apt. #, etc.: 36th Floor	Suite, Apt. #, etc.: 36th Floor
City & State: New York	City & State: New York
Zip: 10022 / Country: US	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

☐ 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: Kimberly B. Moret as its agent — REGISTERED AGENT MUST SIGN — 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: Vice President of — Date: 11/15/07 — Daytime Phone #: 212-224-5600

Typed or printed name of signing Managing Member/Manager: Ronald W. Strobl, Vice President of TPF VI REIT, Man.Mem.

CSC

CORPORATION SERVICE COMPANY

M05 00000 2227

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07 NOV 15 PM 12:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 319826 4348715

AUTHORIZATION

COST LIMIT : $ 205.00

ORDER DATE : November 15, 2007

ORDER TIME : 11:46 AM

ORDER NO. : 319826-005

CUSTOMER NO: 4348715

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

REINSTATEMENT

NAME: P VI MAGNOLIA GROVE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____