PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400111383164

CR2E041 (1/07)

DOCUMENT # M05000004624

1. Limited Liability Company's Name

ADF Property Company, LLC

06

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
350 Passaic Avenue		c/o 8000 Norman Center Drive	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. Suite 1000	
City & State Fairfield, NJ		City & State Minneaoplis, MN	
Zip 07004	Country USA	Zip 55437	Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 8-19-2005

6. FEI Number: 20-3444843 ☐ 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: /s/ JEANINE REYNOLDS Date: _____

REGISTERED AGENT MUST SIGN

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	Donald K. Harty	350 Passaic Avenue, 2nd Floor	Fairfield, NJ 07004
MGR	Michael Lubitz	350 Passaic Avenue, 2nd Floor	Fairfield, NJ 07004

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: _____ Date: 10/24/07 Daytime Phone #: 973-808-9525

Typed or printed name of signing Managing Member/Manager: Michael Lubitz

CORPORATION SERVICE COMPANY

M05000004624

ACCOUNT NO. : 072100000032

REFERENCE : 287119 5150630

AUTHORIZATION :

COST LIMIT : $ ~~105.00~~ 100.00

ORDER DATE : October 24, 2007

ORDER TIME : 12:33 PM

ORDER NO. : 287119-005

CUSTOMER NO: 5150630

REINSTATEMENT

RECEIVED
07 OCT 24 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: ADF PROPERTY COMPANY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____

FILED
07 OCT 25 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA