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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
THE COMMONS MULTI-FAMILY LLC

Certificate of Status	0
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Page Count	02
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1062

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 105000004730

1. Limited Liability Company's Name
The Commons Multi-Family LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>245 Park Ave</u>		3. Mailing Office Address <u>P.O. Box 5005</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>New York, NY</u>		City & State <u>New York, NY</u>	
Zip <u>10167</u>	Country <u>USA</u>	Zip <u>10163</u>	Country <u>USA</u>

4. State/Country of Formation <u>DB</u>	
5. Date Organized or Qualified To Do Business in Florida <u>08/24/2005</u>	
6. FEI Number <u>20-3371621</u>	☒ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of \$5.00 fee	

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

☒ 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 606, F.S.

Signature of Registered Agent *Sohan R. Dindyal* Date 04-27-10

REGISTERED AGENT Sohan R. Dindyal

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>PRIT Core Realty Holdings LLC</u>	<u>245 Park Avenue</u>	<u>New York, NY 10167</u>

REINSTATEMENT 09-10 AL

11. E-mail Address: sschultz@strock.com

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 *James M. Walsh* Date 4/20/10 Daytime Phone # 212 648 2167

Typed or printed name of signing Managing Member/Manager James M. Walsh