

2 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 27 AM 11:10

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10 APR 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
CHATHAM SQUARE MULTI-FAMILY LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$377.50 |

10/2


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 APR 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 105000004731

1. Limited Liability Company's Name
Clatham Square 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>DE</u> | |
| 5. Date Organized or Qualified To Do Business in Florida <u>08/24/2005</u> | |
| 6. FEI Number <u>20-3371719</u> | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

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 notice. 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 [Signature] REGISTERED AGENT Sohan R. Dindyal Date 04-27-10

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Member/Manager | Street Address of Each Managing Member/Manager | City / State / Zip |
|-------------|--------------------------------------|--|---------------------------|
| <u>MGRM</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: schulz@astroock.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager of the receiver of business enterprises 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 complies 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 [Signature] Date 4/20/10 Daytime Phone # 212 648 2167

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