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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 19 AM 9:33

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004752

1. Limited Liability Company's Name
BLUEROCK REAL ESTATE, L.L.C.

CR2E041 (8/05)

2. Principal Office Address 100 PARK AVE, 34th FL Suite, Apt. #, etc.		3. Mailing Office Address 16500 North Park Drive Suite, Apt. #, etc. SUITE 100	
City & State New York NY		City & State SOUTHFIELD MI 48075	
Zip 10017	Country USA	Zip 48075	Country USA

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 08/25/2005	
6. FEI Number 33-71-0962325	Applied For 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 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 Harry B. Davis Date 6/19/07

REGISTERED AGENT MUST SIGN Harry B. Davis Asst. Vice President

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
	Ramin Kamfar	Managing Member	New York, NY
			400104597394

REINSTATEMENT 2006-07

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 Deborah Hue Date 6/1/07 Daytime Phone # 248-559-1749

Agent for Ramin Kamfar

Typed or printed name of signing Managing Member/Manager Deborah Hue

CSC. CORPORATION SERVICE COMPANY

CSC.

MA5000004752

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RECEIVED

07 JUN 20 AM 8:45

ACCOUNT NO. : 072100000032

REFERENCE : 943494 7495878

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AUTHORIZATION :

COST LIMIT : \$ 200

Lyndee K. Man

ORDER DATE : June 11, 2007

ORDER TIME : 4:50 PM

ORDER NO. : 943494-090

CUSTOMER NO: 7495878

REINSTATEMENT

NAME: BLUEROCK REAL ESTATE, L.L.C.

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XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

JB

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____