

M05000004982

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUL 27 PM 2:08
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004982

1. Limited Liability Company's Name

Park at Laurel Oaks Associates LLC

200183712682

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

825 Third Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

36th Fl.

Suite, Apt. #, etc.

City & State

New York, New York

City & State

Zip

10022

Country

US

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

Qualified 9/9/2005

6. FEI Number

20-3446102

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

Carina L. Dunlap
REGISTERED AGENT MUST SIGN

Carina L. Dunlap
Asst. Vice President

07/26/10

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
MGMR	P VI Park at Laurel Oaks LLC	825 Third Avenue, 36th Fl.	New York, New York 10022

REINSTATEMENT 2006-2010

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

Mark Lippmann

Date 7/26/2010

Daytime Phone # 212-224-5600

Typed or printed name of signing Managing Member/Manager

Mark Lippmann, VP of Managing Member



M05000004982

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 458284 4348715

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 793.75

ORDER DATE : July 26, 2010

ORDER TIME : 3:39 PM

ORDER NO. : 458284-005

CUSTOMER NO: 4348715

REINSTATEMENT

NAME: PARK AT LAUREL OAKS ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS _____

[Handwritten initials]

10 JUL 27 PM 2:08
DIVISION OF CORPORATIONS

RECEIVED
10 JUL 27 AM 10:52