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LIMITED LIABILITY REINSTATEMENT

DRA CRT ORLANDO CENTRAL LAND LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M05000005178

1. Limited Liability Company's Name

DRA CRT Orlando Central Land LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
20 EAST 42ND STREET,		20 EAST 42ND STREET,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
27TH FLOOR		27TH FLOOR	
City & State		City & State	
NEW YORK NY		NEW YORK NY 10017	
Zip	Country	Zip	Country
10017	USA	10017	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: September 14, 2005

6. FEI Number: ☑ 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: C T 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 608, F.S.

Signature of Registered Agent: [signature] Date: 7/10/09

Danny Verdecchia, Jr. Asst. Secretary PRINT SIGN

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
MGRM	DRA CRT Acquisition Corporation	Same as Above	

REINSTATEMENT 06-09

AL

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 608.408, 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: 07/16/2009 Daytime Phone #: 205-250-8715

Typed or printed name of Signing Managing Member/Manager: John P. Rigrish