

# M0500005218

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -4 PM 3:46

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M0500005218

1. Limited Liability Company's Name  
MCZ/Centrum Florida XVIII, L.L.C.

900216190379  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
225 West Hubbard

Suite, Apt. #, etc.  
4th Floor

City & State  
Chicago, Illinois

Zip  
60654

Country  
USA

3. Mailing Office Address  
225 West Hubbard

Suite, Apt. #, etc.  
4th Floor

City & State  
Chicago, Illinois

Zip  
60654

Country  
USA

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified To Do Business in Florida  
September 20, 2005

6. FEI Number  
20-3474965

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

E-mail Address:  
MK

(To be used for future annual report notices)

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 /s/ STEPHANIE MILNES Date 1-4-2012  
REGISTERED AGENT MUST SIGN

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
MGR	Arthur Slaven	225 W. Hubbard, 4th Floor	Chicago, IL 60654
MGR	John McLinden	225 W. Hubbard, 4th Floor	Chicago, IL 60654
MGR	Michael Lerner	1555 North Sheffield Avenue	Chicago, IL 60622
MGR	Brian Niven	1555 North Sheffield Avenue	Chicago, IL 60622

**REINSTATEMENT 2011-2012**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 1-4-12 Daytime Phone # 312-279-1382

Typed or printed name of signing Managing Member/Manager John McLinden



CORPORATION SERVICE COMPANY

MO5000005218

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ACCOUNT NO. : I20000000195

REFERENCE : 048925 7157078

AUTHORIZATION

COST LIMIT

*J. Clemon*  
\$ 377.50

ORDER DATE : January 4, 2012

ORDER TIME : 1:07 PM

ORDER NO. : 048925-005

CUSTOMER NO: 7157078

REINSTATEMENT

NAME: MCZ/CENTRUM FLORIDA XVIII,  
L.L.C.

*BK*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS

*BK*

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