

M05000005266

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

1701 GATEWAY DRIVE, LLC

Certificate of Status	0
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Page Count	02
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08 MAY 27 AM 8:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005266

1. Limited Liability Company's Name

1701 Gateway Drive, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 625 Madison Avenue, 5th Floor		3. Mailing Office Address 625 Madison Avenue, 5th Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida Sept. 23, 2005	
6. FEI Number 20-4693389	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
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
22234

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 *Carrie Brey* Date _____

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	Centerline Manager LLC	625 Madison Avenue, 5th Floor	New York, NY 10022
Member	CCL Acquisitions II LLC	625 Madison Avenue, 5th Floor	New York, NY 10022
Member	CCL Dispositions II LLC	625 Madison Avenue, 5th Floor	New York, NY 10022
REINSTATEMENT			<i>06.08</i>

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 *Marc D. Schnitzer* Date _____ Daytime Phone # (212) 317-5700

Typed or printed name of signing Managing Member/Manager Marc D. Schnitzer