PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2014 Feb 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005557

1. Limited Liability Company's Name

Cabot North Orange 34 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4919 43rd Place NW	4919 43rd Place NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Washington DC	City & State: Washington DC
Zip: 20016 Country: USA	Zip: 20016 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09-26-05

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required (For Certified Status)

8. Name and Address of Current Registered Agent

Name: NRAI Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

000257198320
02/26/14--01030--027 **238.75

000257198320
03/11/14--01005--009 **138.75

9. I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 2/20/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	Nancy F. Thompson	4919 43rd Pl. NW	Wash DC 20016
~~Member~~	~~Nancy F. Thompson~~	~~4919 43rd Pl. NW~~	~~Wash DC 20016~~

REINSTATEMENT

2013 - 2014

S. HAWKES
MAR 11 A.M.
EXAMINER

S. HAWKES
FEB 27 A.M.
EXAMINER

11. E-mail Address: gene@thompson-mail.org
(To be used for future annual report notices)

12. I certify that I am an authorized representative/manager of the member or limited liability company authorized to execute this application as provided for in Chapter 605, 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 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Nancy F. Thompson Date: 2/25/14 Daytime Phone #: 202-244-5558

Typed or printed name of signing Authorized Representative/Manager: Nancy F. Thompson