
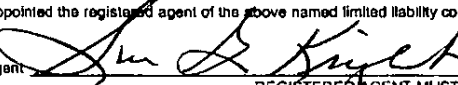


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|---|--------------------|--------|-----------------------------------|--|--------------------|----|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT # M05000006992 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Limited Liability Company's Name TC PORT YBOR II LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 2650 Cedar Springs Rd Suite, Apt. #, etc. Suite 850 City & State Dallas, TX Zip 75201 Country USA | | 3. Mailing Office Address 2650 Cedar Springs Rd Suite, Apt. #, etc. Suite 850 City & State Dallas, TX Zip 75201 Country USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. State/Country of Formation Delaware | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Date Organized or Qualified To Do Business in Florida December 22, 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. FEI Number 65-1162348 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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. Tallahassee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Tallahassee | | State FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code 32301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  | | Sue G. Knight as its agent Date 5-18-09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MG</td><td>LIT Industrial Limited Partne</td><td>2650 Cedar Springs Rd, Ste 8</td><td>Dallas, TX 75201</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> | | | | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MG | LIT Industrial Limited Partne | 2650 Cedar Springs Rd, Ste 8 | Dallas, TX 75201 | | | | | | | | | | | | | | | | | | | | |
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MG | LIT Industrial Limited Partne | 2650 Cedar Springs Rd, Ste 8 | Dallas, TX 75201 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 300156136463 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINSTATEMENT 2008-2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 see attached | | Date 05/15/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typed or printed name of signing Managing Member/Manager see attached | | Daytime Phone # 214-647-4900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

M05000006992

TC PORT YBOR II LLC, a Delaware limited liability company

By: LIT Industrial Limited Partnership, a Delaware limited partnership, its sole member

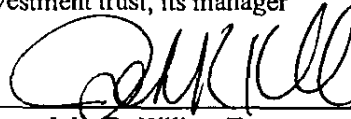
By: LIT Holdings GP, LLC, a Delaware limited liability company, its general partner

By: Lion Industrial Properties, L.P., a Delaware limited partnership, its sole member

By: LIT GP Sub, LLC, a Delaware limited liability company, its general partner

By: Lion Industrial Trust, a Maryland real estate investment trust, its manager

By:



John R. Killian, Treasurer

FILED
09 MAY 18 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

M05000006992

ACCOUNT NO. : I20000000195

REFERENCE : 998552 4329383

AUTHORIZATION :

COST LIMIT : \$ 277.50

ORDER DATE : May 18, 2009

ORDER TIME : 4:03 PM

ORDER NO. : 998552-010

CUSTOMER NO: 4329383

262.50

RECEIVED
09 MAY 18 PM 4:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: TC PORT YBOR II LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

2954

EXAMINER'S INITIALS

FILED
09 MAY 18 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA