

M 06000000073

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED STATE SECRETARY OF CORPORATIONS APR 19 AM 10:45

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M06000000073 1. Limited Liability Company's Name SILVEROAKS FLORIDA, LLC

BK

600176446536

CRZE041 (11/09)

2. Principal Office Address - No P.O. Box # 280 Park Ave. Suite, Apt. #, etc. 35th Floor West City & State New York, New York Zip 10017 Country USA

3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country

4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida January 5, 2006 6. FEI Number 26-1999938 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301

[] 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 Carina L. Dunlap Asst. Vice President 4-19-10 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Silveroaks Mezz Owner LLC, 280 Park Ave., 35th Floor West, New York, New York 10017

REINSTATEMENT 2008-2010

11. E-mail Address: iprete@pccollc.com (To be used for future annual report notifications)

12. 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 [Signature] Date 4-16-2010 Daytime Phone # 415-732-7649 Typed or printed name of signing Managing Member/Manager Byron Thornton, authorized representative of managing member

CSC.

M06000000073

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 354394 4321592

AUTHORIZATION : *Squibbman*

COST LIMIT : \$ 516.25

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 19 AM 10:45

ORDER DATE : April 19, 2010

ORDER TIME : 12:0 PM

ORDER NO. : 354394-005

CUSTOMER NO: 4321592

REINSTATEMENT

NAME: SILVEROAKS FLORIDA, LLC

RECEIVED
10 APR 19 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS

BTC