

M 0600000073

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE
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

08

600176446536

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 280 Park Ave.		3. Mailing Office Address	
Suite, Apt. #, etc. 35th Floor West		Suite, Apt. #, etc.	
City & State New York, New York		City & State	
Zip 10017	Country USA	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 <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.			
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

Carina L. Dunlap
Asst. Vice President

4-19-10

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
MGRM	Silveroaks Mezz Owner LLC	280 Park Ave., 35th Floor West	New York, New York 10017

REINSTATEMENT 2008-2010

11. E-mail Address: iprete@cccpllc.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

Byran Thornton

Date 4-16-2010

Daytime Phone # 415-732-7649

Typed or printed name of signing Managing Member/Manager Byran Thornton, authorized representative of managing member



CORPORATION SERVICE COMPANY

M06000000073

ACCOUNT NO. : I20000000195

REFERENCE : 354394 43215929

AUTHORIZATION : *Spuddelema*

COST LIMIT : \$ 516.25

RECEIVED
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
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