PLEASE READ	ALL INST	RUCTION	NS BEFORE	COMPLETIN	G THIS FORM	1. ~2
LIMITED LIABILITY COMPANY REINSTATEMENT	OMPANY		DEPARTMENT OF STATE ecretary of State on of corporations		SECAL JARY ALLAHASSE	FILE
DOCUMENT # M06000001404 1. Limited Liebility Company's Name	a.				E FLOI	AM IO:
GULFSTREAM I, LLC			,		RIDA	∄ ∞ .
2. Principal Office Address - No P.O. Box # 901 MAIN AVENUE	Office Address N AVENUE		CR2E041 (1/11)			
Suite, Apt. #, etc. Suite,				4. State/Country of Formation DELAWARE		
City & State	City & State			5. Date Organized or Qualified To Do Business in Florida 3/9/2006		
NORWALK, CONNECTICUT	1 -	LK, CONNECTICUT		6. FEI Number Applied For 71-0999270 Not Applicable		
Country 06851 USA	Zip 06851	US	ountry A			.00 Additional Fee required for a Certificate of Status
- 8 Name and Address of	Current Register	ed Agent	<u> </u>			
Name CT CORPORATION SYSTEM				E-mail Address:		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD				100213387011 10/17/11-01062-009 **238.75 LUCY.RODRIGUEZ@GE.COM		
Suite, Apt. #, Etc.						
City State Zip Code PLANTATION FL 33324				(To be used for future annual report notices)		
9. I, being appointed the registered agent of the above named ilmited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1013						
10. Names and Street Addresses of Managing Members/Managers Street Address of Each						
Managing Members/ Manag		inaging Member/Man				
MGRAGulfstream-B3 Holdco, LLC 901 Main Ave.				1	Jorwalk, C	T 06851
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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 (.) - filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been part. The intermetrion indicates on this application is true and accurate, and my signature shall have the same legal effect if made under oath. I am aware that false information submitted in a securate of State constitutes a third degree fetony as provided for in s.817.155, F.S.						
Signature of Managing Member/Manager Date 10-4-11 Daytime Phone # 203-750-7011 Typed or printed name of signing Managing Member/Manager & Alec Burger, 1+5 Vice fresident						
Typed or printed name of signing Managing Membermanager by ATEC Burger, 1+5 Vice President						