

MO60WU02650

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 27 PM 1:20

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Buckhead Airport Commerce Center, LLC

BK

000162221270

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

28 State St.

Suite, Apt. #, etc.

10th Floor

City & State

Boston, MA

Zip

02109

Country

USA

3. Mailing Office Address

28 State St.

Suite, Apt. #, etc.

10th Floor

City & State

Boston, MA

Zip

02109

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

05/11/06

6. FEI Number

02-0775832

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ 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

TRACI HOUCK

SPECIAL ASSISTANT SECRETARY

Date 10/26/09

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
Mgr	Buckhead Industrial Properties, Inc.	3424 Peachtree Rd. NE Ste. 800	Atlanta, GA 30326

REINSTATEMENT

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

Date 10/21/09

Daytime Phone # 617-476-2700

Typed or printed name of signing Managing Member/Manager Scott L. Darlymple



CORPORATION SERVICE COMPANY

MD6000002650

ACCOUNT NO. : I20000000195

REFERENCE : 162661 5138497

AUTHORIZATION :

COST LIMIT :

Spurlockman

ORDER DATE : October 26, 2009

ORDER TIME : 5:35 PM

ORDER NO. : 162661-005

CUSTOMER NO: 5138497

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 27 PM 1:20

REINSTATEMENT

NAME: BUCKHEAD-AIRPORT COMMERCE
CENTER, LLC

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

BK

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DIVISION OF CORPORATIONS
2009 OCT 27 AM 10:39
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING