

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 31 PM 1:37

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M06000005445

1. Limited Liability Company's Name

SOLUS QUORUM TAMPA, LLC

09

pk

CR2E041 (12/07)

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

1 SunAmerica Center

Suite, Apt. #, etc.

37th Floor

City & State

Los Angeles, CA

Zip

90067

Country

USA

3. Mailing Office Address

1 SunAmerica Center

Suite, Apt. #, etc.

37th Floor

City & State

Los Angeles

Zip

90067

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

10/02/06

6. FEI Number

95-4611171

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

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

Date

12/30/09

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
MGRM	SA Investment Group, Inc.	1 SunAmerica Center, 37th Fl	Los Angeles, CA 90067
			500164084735

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

*Virginia Puzon*

Date

12/30/09

Document#

(310) 772-6541

Typed or printed name of signing Managing Member/Manager

Virginia Puzon, Asst. Sec, SA Investment Group, Inc., MGRM



CORPORATION SERVICE COMPANY

M06000005445

ACCOUNT NO. : I20000000195

REFERENCE : 232693

AUTHORIZATION :

COST LIMIT :

RECEIVED  
09 DEC 31 AM 10:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

ORDER DATE : December 30, 2009

ORDER TIME : 4:31 PM

ORDER NO. : 232693-006

CUSTOMER NO: 4319383

238.75

FILED STATE  
SECRETARY OF CORPORATIONS  
09 DEC 31 PM 1:37  
DIVISION OF CORPORATIONS

REINSTATEMENT

NAME: SOLUS QUORUM TAMPA, 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

*[Handwritten initials]*