PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 APR 22 PM 12:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #M06000006408

1. Limited Liability Company's Name
VIF II/GMH RETAIL PORTFOLIO, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10 CAMPUS BLVD.	10 CAMPUS BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWTOWN SQUARE	City & State: NEWTOWN SQUARE
Zip: PA / Country: USA	Zip: PA / Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 11/20/2006

6. FEI Number: 20-5898513 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CAPITOL CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 155 OFFICE PLAZA DR
Suite, Apt. #, etc.: STE A
City: TALLAHASSEE State: FL Zip Code: 32301

E-mail Address:
200247082222
04/22/13--01007--005 **962.50
vtripler@gmh-inc.com
(To be used for future annual report notices)

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: [signature] Date: 04/19/2013
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	GH PENSACOLA RETAIL, LLC	10 CAMPUS BLVD.	NEWTOWN SQUARE, PA 19073

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 4/19/13 Daytime Phone #: 610-355-8086

Typed or printed name of signing Managing Member/Manager: JAMES I. KENNEDY