


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>LIMITED LIABILITY COMPANY REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>	<p>15 MAY -7 PM 3:37 FLORIDA DEPARTMENT OF STATE HAWKES, FLORIDA</p>																				
<p>DOCUMENT # MC7000004006</p> <p>1. Limited Liability Company's Name AZ/MSN 27104, L.L.C.</p>																							
<p>2. Principal Office Address - No P.O. Box # 1345 Ave. of the Americas</p> <p>Suite, Apt. #, etc. 46th Floor</p> <p>City & State New York, NY</p> <p>Zip 10105</p>		<p>3. Mailing Office Address 1345 Ave. of the Americas</p> <p>Suite, Apt. #, etc. 46th Floor</p> <p>City & State New York, NY</p> <p>Zip 10105</p> <p>Country USA</p>																					
		<p>4. State/Country of Formation DE</p> <p>5. Date Organized or Qualified To Do Business in Florida 7/3/2007</p> <p>6. FEI Number 260433997</p> <p>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small></p>																					
<p>8. Name and Address of Current Registered Agent</p> <p>Name CT Corporation System</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road</p> <p>Suite, Apt. #, Etc.</p> <p>City Plantation</p> <p>State FL</p> <p>Zip Code 33324</p>																							
<p>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.</p> <p>Signature of Registered Agent: <u><i>Angel Shearer</i></u> Angel Shearer Asst. Secretary Date 5/7/2015</p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																							
<p>10. Names and Street Addresses of Authorized Representatives/Managers</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title</th> <th style="width:30%;">Name of Authorized Representative/ Manager</th> <th style="width:40%;">Street Address of Each Authorized Representative/ Manager</th> <th style="width:20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>DB 757-200 LLC</td> <td>1345 Ave. of the Americas, 46th Floor</td> <td>New York, NY 10105</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</td> <td style="text-align: center; font-size: 1.5em; font-weight: bold;">S. HAWKES</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em; font-weight: bold;">2014-2015</td> <td style="text-align: center; font-size: 1.2em; font-weight: bold;">MAY 7 A.M.</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center; font-size: 1.5em; font-weight: bold;">EXAMINER</td> </tr> </tbody> </table>				Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip	Manager	DB 757-200 LLC	1345 Ave. of the Americas, 46th Floor	New York, NY 10105	REINSTATEMENT			S. HAWKES	2014-2015			MAY 7 A.M.				EXAMINER
Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip																				
Manager	DB 757-200 LLC	1345 Ave. of the Americas, 46th Floor	New York, NY 10105																				
REINSTATEMENT			S. HAWKES																				
2014-2015			MAY 7 A.M.																				
			EXAMINER																				
<p>11. E-mail Address: <u>clawton@fortress.com</u> <small>(To be used for future annual report notifications)</small></p>																							
<p>12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.</p> <p>Signature of Authorized Representative/Manager: <u><i>[Signature]</i></u> Date 5/6/15 Daytime Phone # _____</p> <p>Typed or printed name of signing Authorized Representative/Manager By: Marc K. Furstein, COO of DB 757-200 LLC, the</p>																							
<p>sole member of AZ/MSN 27104, L.L.C.</p>																							

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AZ/MSN 27104, L.L.C.

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