

LIMITED LIABILITY COMPANY REINSTATEMENT

Member/Manager

Typed or printed name of signing Managing Member/Manager



	IT # M07000004574	MENT	OCHA	ח
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1. Limited Liability Co.	mpany's Name						
G&I V RESEA	ARCH COMMONS	LLC					
2. Principal Office Add	dress - No P.O. Box #	3. Mailing O		2011	00	021450929 CR2E041 (1/11)	90
C/O DRA AD		(SORS LLC	4. State/Cou	ntry of Formation	
Suite, Apt. #, etc.	The second secon	Suite, Apt. #		-	DELAV	VARE	
220 E. 42ND S	ST. 27TH FL.		2ND ST.	. 27TH FL.		nized or Qualified siness in Florida 07/31/2007	7
City & State NEW YORK,	*	City & State NEW YO	ORK, NY	(6. FEI Numb 26-058		Applied For Not Applicable
^{Zip} 10017	Country USA	_{Др} 10017	1	Country USA	7. CERTIFICATI	E OF STATUS DESIRED 55 00 A	thingial Fee required ernicate of Status
8.	Name and Address of	Current Register	red Agent			The state of the s	
	ATION SERVICE		ΓY	14	The second second	E-mail Address:	
Street Address (P.O. B 1201 HAYS S	Box Number is Not Acceptable) TREET)	i				
Suite, Apt. #, Etc.					vfrankli	n@draadvisors.com	
City TALLAHASS	FF			State Zip Code FI 32301	(To be	used for future annual r	eport notices)
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9. I, being appointed the Signature of Registered Age	he registered agent of the above the second of the second	EGISTERED AG	d liability com	pany, am familiar with and Michele He Assistant V	nry	tions of Chapter 608, F.S. Date Never be	2 2 2011
9. I, being appointed the Signature of Registered Age	he registered agent of the about	EGISTERED AG	d liability com	pany, am familiar with and Michele He Assistant V	nry P		u 2/2011
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9. I, being appointed the Signature of Registered Age 10. Names and Street Titles	he registered agent of the above the second of t	EGISTERED AG	d liability com	pany, am familiar with and Michele He: Assistant VI SIGN Street Address of Each Managing Member/ Mana	nry p	Date Nickethilbe	p
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ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 21, 2011

ORDER TIME : 1:09 PM

ORDER NO. : 987346-020

CUSTOMER NO:

4391782

REINSTATEMENT

NAME: G&I V RESEARCH COMMONS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIAL'S