

M07000004577

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 PM 3:31

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000004577

1. Limited Liability Company's Name

G&I V TECHNOLOGY POINT LLC

400214509334

CR2E041 (1/11)

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

C/O DRA ADVISORS LLC

Suite, Apt. #, etc.

220 E. 42ND ST. 27TH FL.

City & State

NEW YORK, NY

Zip

10017

Country

USA

3. Mailing Office Address

C/O DRA ADVISORS LLC

Suite, Apt. #, etc.

220 E. 42ND ST. 27TH FL.

City & State

NEW YORK, NY

Zip

10017

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 07/31/2007

6. FEI Number

26-0582028

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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

E-mail Address:

vfranklin@draadvisors.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

Michele Henry

Michele Henry

Date November 21, 2011

REGISTERED AGENT MUST SIGN Assistant VP

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	G&I V RESEARCH PARK LLC	220 E. 42ND ST. 27TH FL.	NEW YORK, NY 10017

REINSTATEMENT 2011

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 608.408, 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

DV3

Date

11/18/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

M070VVVO 4577

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION :

Spokane

COST LIMIT : \$ ~~638.75~~

ORDER DATE : November 21, 2011

238.75

ORDER TIME : 1:11 PM

ORDER NO. : 987346-030

CUSTOMER NO: 4391782

REINSTATEMENT

NAME: G&I V TECHNOLOGY POINT LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS

BK

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 NOV 21 PM 1:52

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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