(3)

M07U0004759

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 NOV -4 AM 8:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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11/05/10--01001--019 **238.75

CR2E041 (05/10)

DOCUMENT # m07000004759

1. Limited Liability Company's Name
Cabot Investment Properties, LLC
(10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
55 Fifth Ave	55 Fifth Ave
Suite, Apt. #, etc.: 13th Floor	Suite, Apt. #, etc.: 13th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10003 Country: US	Zip: 10003 Country: US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/07/2007

6. FEI Number: 04-3407894 ☐ 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: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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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: Rose Marie Cole Asst. Sec. Date: 11-4-2010
(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	Carlton P. Cabot	55 Fifth Ave 13th FL	New York, NY 10003
MGRM	Timothy Kroll	55 Fifth Ave 13th FL	New York, NY 10003

REINSTATEMENT 2010

11. E-mail Address: cabotinvestorservices@cabotinvestments.com
(To be used for future annual report notifications)

12. 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: _____ Date: 10/29/10 Daytime Phone #: 646-367-5400

Typed or printed name of signing Managing Member/Manager: Timothy Kroll MGRM