M07000007075 2010

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From:
Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

WESTFIELD CONCESSION MANAGEMENT II LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/09)

DOCUMENT # M07000007075

1. Limited Liability Company's Name
Westfield Concession Management II LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
11601 Wilshire Blvd., 11th Fl.	11601 Wilshire Blvd., 11th Fl.	DE
Suite, Apt. #, etc. c/o Westfield, LLC	Suite, Apt. #, etc. c/o Westfield, LLC Legal Dept.	5. Date Organized or Qualified To Do Business in Florida 11/30/2007
City & State Los Angeles, CA	City & State Los Angeles, CA	6. FEI Number 75-2974924 ☐ Applied For ☐ Not Applicable
Zip / Country 90025 / USA	Zip / Country 90025 / USA	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc:

City: Plantation | State: FL | Zip Code: 33324

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement fee be waived.

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: _____ Date: 11/5/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Lowy, Peter S.	11601 Wilshire Blvd., 11th Floor	Los Angeles, CA 90025
MGR	Stefanek, Mark A.	11601 Wilshire Blvd., 11th Floor	Los Angeles, CA 90025

REINSTATEMENT 09-dk

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

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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: 11/5/2009 Daytime Phone #: 310-445-2426

Typed or Printed Name of Signing Managing Member/Manager: Mark A. Stefanek, Manager