

# M08000000646

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 21 PM 3:32

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M08000000646**

1. Limited Liability Company's Name

G&I VI LAKE POINTE LLC

2011

200214509502

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 2/7/2008

6. FEI Number

26-1900829

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for Certificate of Status

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  
Assistant VP

Date November 21, 2011

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	G&I VI MEZZ WRANGLER 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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature]*

Date

11/18/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager





CORPORATION SERVICE COMPANY

MD8000000646

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION :

COST LIMIT : \$ 638.75

ORDER DATE : November 21, 2011

ORDER TIME : 1:15 PM

ORDER NO. : 987346-055

CUSTOMER NO: 4391782

238.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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REINSTATEMENT

NAME: G&I VI LAKE POINTE 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

RECEIVED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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