

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

M08000000647

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M08000000647

1. Limited Liability Company's Name

G&I VI FISHERMANS VILLAGE LLC

2011

900214509469

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 Country  
10017 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 Country  
10017 USA

4. State/Country of Formation  
DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida 2/7/2008

6. FEI Number Applied For  
26-1900829 Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 (Without 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 Zip Code  
FL 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  
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 s.817.155, F.S.

Signature of Managing Member/Manager

Date 11/18/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CSC.

CORPORATION SERVICE COMPANY

M080000000647

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION :

COST LIMIT : \$ 638.75

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

ORDER DATE : November 21, 2011

ORDER TIME : 1:13 PM

ORDER NO. : 987346-045

CUSTOMER NO: 4391782

238.75

REINSTATEMENT

NAME: G&I VI FISHERMANS VILLAGE LLC

XX REINSTATEMENT

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 NOV 21 PM 1:53  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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