

M0800000650

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M0800000650			
1. Limited Liability Company's Name G&I VI MALLARDS OF WEDGEWOOD LLC 2011			
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 ☐		55.00 Addition of Foreign Jurisdiction 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 <u>Michele Henry</u> Michele Henry Assistant VP Date <u>November 21, 2011</u> 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 <u>[Signature]</u>		Date <u>11/18/11</u> Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____			



CORPORATION SERVICE COMPANY

M08000000650

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION :

COST LIMIT :

\$ 638.75

Spurlockman
238.75

ORDER DATE : November 21, 2011

ORDER TIME : 1:16 PM

ORDER NO. : 987346-065

CUSTOMER NO: 4391782

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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REINSTATEMENT

NAME: G&I VI MALLARDS OF WEDGEWOOD
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

NOT RELEVANT
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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DEPARTMENT OF STATE
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