

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M08000000835

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 # M08000000835

1. Limited Liability Company's Name

G&I VI MEZZ WRANGLER LLC

2011

700214509557

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # C/O DRA ADVISORS LLC		3. Mailing Office Address C/O DRA ADVISORS LLC	
Suite, Apt. #, etc. 220 E. 42ND ST. 27TH FL.		Suite, Apt. #, etc. 220 E. 42ND ST. 27TH FL.	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10017	Country USA	Zip 10017	Country USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business in Florida 2/20/2008

6. FEI Number
26-1900829

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee Required
to Obtain 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 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

[Signature]

Date 11/18/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

M08000000835

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION :

COST LIMIT : \$ ~~638.75~~

ORDER DATE : November 21, 2011

ORDER TIME : 1:17 PM

ORDER NO. : 987346-070

CUSTOMER NO: 4391782

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

238.75

REINSTATEMENT

NAME: G&I VI MEZZ WRANGLER 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
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 NOV 21 PM 1:54
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING