


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

10 NOV -8 PM 1:06

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M08000002096

1. Limited Liability Company's Name

THOR 910 LINCOLN, LLC

BK 10

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # c/o Thor Equities Suite, Apt. #, etc. 25 West 39th Street City & State New York, NY Zip 10018 Country USA		3. Mailing Office Address c/o Thor Equities Suite, Apt. #, etc. 25 West 39th Street City & State New York, NY Zip 10018 Country USA	
--	--	--	--

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 5/2/08	
6. FEI Number 262775683	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

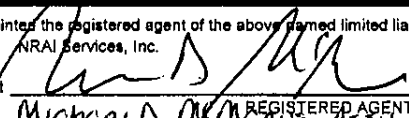
City
Weston

State
FL

Zip Code
33331

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 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

 Michael D. McManus, REGISTERED AGENT MUST SIGN

Date
11-5-10

10. Names and Street Addresses of Managing Members/Managers

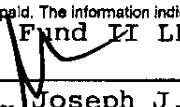
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Thor Urban Operating Fund II, LP	25 West 39th Street	New York, NY 10018

100187809721
 11/15/10 01007-004 **239.75

REINSTATEMENT 2010

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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.

Signature of Managing Member/Manager
 By:  Joseph J. Sitt, Sole Member
 Date 10/29/10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager