

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

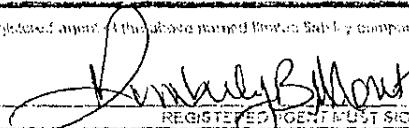
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2ED41 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M08000003708 1. Limited Liability Company Name T5 Unison Site Management LLC			
2. Principal Office Address (Not P.O. Box) 110 Thomas Johnson Dr. Suite 110 Frederick, MD 21702		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Frederick, MD Zip 21702	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 08/08/2008	
6. FEI Number 26-2645349		☐ Applied For ☒ Not Applicable	
7. US STATE OF STATUS DESIRABLE ☒		\$3.00 Additional Fee required for Certificate of Status	
8. Name and Address of Current Registered Agent Name Corporation Service Company Business Address (P.O. Box Number is Not Applicable) 1201 Hays Street Suite, Apt. #, etc. City Tallahassee State FL Zip Code 32301-2525		E-mail Address: REINSTATEMENT 2010-11 SRN jehin@unisonsite.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 605, F.S. Signature of Registered Agent  Kimberly B. Moret as its agent Date 09/27/2011 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sole Member	Unison Ground Lease Funding, LLC	110 Thomas Johnson Blvd., Suite 110	Frederick, MD 21702
11. I certify that I am a managing member-manager of the receiver or trustee of the company. If so, please check applicable box provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the matter for dissolution has been exhausted, the limited liability company name satisfies the requirements of section 605.406, F.S., and that all fees owed by the limited liability company have been paid. The information I declare to be true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information provided in a document to the Secretary of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager By:  James R. Holmes, VP/Secretary of Sole Member Date 09/27/2011 Daytime Phone # 212-909-2505			
Typed or printed name of Managing Member/Manager			

CSC.

CORPORATE SERVICE COMPANY

MO8000003708

ACCOUNT NO. : I20000000195

REFERENCE : 925719 4322603

AUTHORIZATION

COST LIMIT : \$ 105.00 377.50 + 5.00

ORDER DATE : September 27, 2011

ORDER TIME : 2:49 PM

ORDER NO. : 925719-010

CUSTOMER NO: 4322603

REINSTATEMENT

NAME: T5 UNISON SITE MANAGEMENT LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS _____