PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 SEP 27 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000212627460

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000003708

1. Limited Liability Company's Name
T5 Unison Site Management I LLC

2. Principal Office Address (No P.O. Box #)	3. Mailing Office Address
110 Thomas Johnson Dr.	Same
Suite Apt. #, etc.	Suite, Apt. #, etc.
Suite 110	
City & State	City & State
Frederick, MD	
Zip / County	Zip / County
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. Is this an amendment? ☒ $8.00 Additional Fee Required for a 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: 32301-2525

E-mail Address:
REINSTATEMENT 2010-11 BSR
jchin@unisonsite.com
(To be used for future annual report notices)

9. I hereby appoint the registered agent of the above named limited liability company, and I affirm as to 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 Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Members/Managers	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 limited liability company filing this application as provided for in Chapter 605, 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 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information in 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: UNISON GROUND LEASE FUNDING, LLC, a Delaware limited liability company, Sole Member
By: [signature]
Date: 09/27/2011 Daytime Phone #: 212-909-2505

Typed or printed name of signing Managing Member/Manager: James R. Holmes, VP/Secretary of Sole Member

CSC.

CORPORATION SERVICE COMPANY

M08000003708

ACCOUNT NO. : I20000000195

REFERENCE : 925719 4322603

AUTHORIZATION : Lynn Helena

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 _____