M08000004621

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000103389 3)))

H11000103389ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
ALLIANCE ES PALM GROVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

RECEIVED
11 APR 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 APR 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD
APR 20 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 APR 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M08000004621

1. Limited Liability Company's Name

Alliance ES Palm Grove, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5221 N. O'Connor Blvd.		5221 N. O'Connor Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 600		Suite 600	
City & State		City & State	
Irving, TX		Irving, TX	
Zip	Country	Zip	Country
75039	USA	75039	USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: October 15, 2008

6. FEI Number: 26-3766301 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: rkyle@c3cp.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: Chris McNeair Assistant Secretary Date: 4/19/2011
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
	CRESS ALLIANCE ES, LLC, its Managing Member By: Centerline Real Estate Special Situations Mortgage Fund LLC, its sole member By: C3 CRESS Directives LLC, its managing member		
		5211 N. O'Connor Blvd., Suite 600	Irving, TX 75039

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute 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 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: Jenna Vick Unell Date: 4/18/2011 Daytime Phone #: 972/868-5388

Typed or printed name of signing Managing Member/Manager: Jenna Vick Unell, Authorized Person

FL LLR - 01/15/2011 CT System Online