


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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TALLHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **m11090001923**

1. Limited Liability Company's Name
AP Highway 27 LLC

2. Principal Office Address - No P.O. Box # 2000 Avenue of the Stars		3. Mailing Office Address 2000 Avenue of the Stars	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State Los Angeles, CA		City & State Los Angeles, CA	
Zip 90067	Country USA	Zip 90067	Country USA

8. Name and Address of Current Registered Agent

Name
Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street

Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

CR2E041 (1/14)

4. State/Country of Formation
Delaware

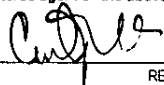
5. Date Organized or Qualified To Do Business in Florida
April 18, 2011

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

500274754205

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  **Courtney Williams**
Asst. Vice President

Date **07.06.15**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Member	AP DW Industrial Portfolio LLC	2000 Avenue of the Stars, 12th Floor	Los Angeles, CA 90067

REINSTATEMENT

2013-2015

S. HAWKES

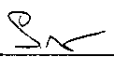
JUL -7 A.M.

11. E-mail Address: _____

(To be used for future annual report notifications)

EXAMINER

12. I certify that I am an authorized representative/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 requirement of section 605.0012, 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 authorized representative/member  **Steven M. Wolf**

Date **7-1-15** Daytime Phone # _____

Typed or printed name of signing authorized representative/member **Steven M. Wolf**

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 695980 7579688

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : July 6, 2015

ORDER TIME : 11:11 AM

ORDER NO. : 695980-020

CUSTOMER NO: 7579688

REINSTATEMENT

NAME: AP HIGHWAY 27 LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

TO AGENCY
SUFFICIENCY OF FILING

15 JUL - 6 PM 4:28

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DEPARTMENT OF
REVENUE