


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 JUL -7 AM 9:18

ALL HOURS OF THE DAY
ALL DAYS OF THE YEAR

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

DOCUMENT # **m1000001924**

1 Limited Liability Company's Name
AP Deen Still 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

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	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 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

400274754134

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

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.

EXAMINER

11. E-mail Address

(To be used for future annual report notifications)

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 : *[Signature]*
COST LIMIT : \$516.25

ORDER DATE : July 6, 2015
ORDER TIME : 11:07 AM
ORDER NO. : 695980-010
CUSTOMER NO: 7579688

REINSTATEMENT

RECEIVED
DEPARTMENT OF
15 JUL -6 PM 4:28
TO REINSTATE
SUFFICIENCY OF FILING

NAME: AP DEEN STILL 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 _____