


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 JUL -7 AM 9:22

ALL CHARGES FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # **M11000001925**

1. Limited Liability Company's Name  
**AP American Way LLC**

2. Principal Office Address - No P.O. Box # <b>2000 Avenue of the Stars</b>		3. Mailing Office Address <b>2000 Avenue of the Stars</b>	
Suite Apt. #, etc. <b>12th Floor</b>		Suite, Apt. #, etc. <b>12th Floor</b>	
City & State <b>Los Angeles, CA</b>		City & State <b>Los Angeles, CA</b>	
Zip <b>90067</b>	Country <b>USA</b>	Zip <b>90067</b>	Country <b>USA</b>
8. Name and Address of Current Registered Agent			
Name <b>Corporation Services Company</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite. <b>1201 Hays Street</b>			
Apt. #, Etc.			
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code <b>32301</b>

CR2E041 (1/14)

4. State/Country of Formation <b>Delaware</b>	
5. Date Organized or Qualified To Do Business in Florida <b>April 18, 2011</b>	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

**100274754161**

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** Date **07.06.15**  
 REGISTERED AGENT MUST SIGN **Asst. Vice President**

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
<b>REINSTATEMENT</b>			
<b>2013-2015</b>			
			<b>S. HAWKES</b>
			<b>JUL -7 A.M.</b>

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**

**EXAMINER**

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 : 11:08 AM

ORDER NO. : 695980-015

CUSTOMER NO: 7579688

REINSTATEMENT

NAME: AP AMERICAN WAY 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 \_\_\_\_\_

RECEIVED  
DEPARTMENT OF  
15 JUL 16 PM 4:28  
SUFFICIENT  
TO AGENT  
OFFICE / 35 FILING