

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # 1. Limited Liability Company's Name M11000005810 IIT Ft. Lauderdale Industrial I LLC																															
2. Principal Office Address - No P.O. Box # 518 17th Street Suite 1700 Suite, Apt. #, etc. City & State Denver, CO Zip 80202 Country USA		3. Mailing Office Address 518 17th Street Suite 1700 Suite, Apt. #, etc. City & State Denver, CO Zip 80202 Country USA																													
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida																													
6. FEI Number		☒ Applied For ☐ Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED ☐		35.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name C T 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																															
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 <u>Hiedi M. Liesch</u> Hiedi M. Liesch Assistant Secretary Date <u>1-27-2015</u> REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representative/Manager</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>IIT Real Estate Holdco LLC</td><td>518 17th Street Suite 1700</td><td>Denver CO 80202</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	IIT Real Estate Holdco LLC	518 17th Street Suite 1700	Denver CO 80202																				
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11. E-mail Address: <u>pkramor@blackcreekcapital.com</u> (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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <u>Sarah Wadsworth</u> Date <u>1-27-2015</u> Daytime Phone # <u>303-689-4600</u> Typed or printed name of signing Authorized Representative/Manager <u>Sarah Wadsworth</u>																															

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01/28/15--01016--008 **\$655.00

CR2E041 (1/14)

FILED
JAN 28 AM 3:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

REINSTATEMENT

2012-2015

JAN 28 2015

FILED

CT

January 28, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JAN 28 AM 11:39
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Re: Order #: 9420362 SO
Customer Reference 1: IIT
Customer Reference 2: DPF

Dear Department of State, Florida :

Please obtain the following:

IIT FT. LAUDERDALE INDUSTRIAL I LLC (DE)
Reinstatement
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist