

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
M11000005811

IIT Tamarac Business Center LLC

600268865356
01/28/15--01016--006 **655.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 518 17th Street Suite 1700		3. Mailing Office Address 518 17th Street Suite 1700	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Denver, CO		City & State Denver, CO	
Zip 80202	Country USA	Zip 80202	Country USA

4. State/Country of Formation Delaware
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 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

15 JAN 28 AM 3 15
 STATE OF FLORIDA
 TALLAHASSEE

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 Hiedi M. Liesch **Hiedi M. Liesch** Assistant Secretary
 REGISTERED AGENT MUST SIGN

Date 1-27-2015

10. Names and Street Addresses of Authorized Representatives/Managers

Title	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

REINSTATEMENT
2013-2015

11. E-mail Address: bkramer@blaokcreekcapital.com

(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. 817.165, F.S.

Signature of Authorized Representative/Manager [Signature] Date 1-27-2015 Daytime Phone # 303-689-4600

Typed or printed name of signing Authorized Representative/Manager Sarah Wadsworth

JAN 28 2015

M. WILLIAMS