

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 NOV 20 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M12000000046**

1. Limited Liability Company's Name
Broadstone TB Southeast, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 530 Clinton Square		3. Mailing Office Address 530 Clinton Square	
Suite Apt # etc.		Suite Apt # etc.	
City & State Rochester, NY		City & State Rochester, NY	
Zip 14604	Country USA	Zip 14604	Country USA

4. State/Country of Formation New York		
5. Date Organized or Qualified To Do Business in Florida 01/04/2012		
6. FEI Number 32-0364890	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Attachment Fee required for a Certificate of Status		

8. Name and Address of Current Registered Agent

Name
Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable)
1540 GLENWAY DRIVE

State, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

E-mail Address:
400254078554
11/20/13--01031--011 **238.75

kevin.barry@broadstone.com

(To be used for future annual report notices)

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *James L. Davis* - Assistant Secretary Date 11-11-13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Broadstone Net Lease, LLC	530 Clinton Square	Rochester, NY 14604

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 608.408, 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 Managing Member/Manager *Kevin Barry* Date 11/10/13 Daytime Phone # 585-287-6470

Typed or printed name of signing Managing Member/Manager Kevin Barry, CEO

K. ASHTON