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LIMITED LIABILITY REINSTATEMENT
LD ACQUISITION COMPANY 5 LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001865

1. Limited Liability Company's Name
LD Acquisition Company 5 LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2141 Rosecrans Avenue	P.O. Box 3429
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#2100	
City & State	City & State
El Segundo, CA	El Segundo, CA
Zip / Country	Zip / Country
90245 / USA	90245 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/3/2012

6. FEI Number: 45-2464311 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: ncarey@landmarkdividend.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: [signature] Date: 10/4/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey Knyal	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Keith M. Drucker	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	George Doyle	2141 Rosecrans Ave, #2100	El Segundo, CA 90245
MGRM	Arthur P. Brazy, Jr.	2141 Rosecrans Ave, #2100	El Segundo,CA 90245
MGRM	Daniel E. Rebeor	2141 Rosecrans Ave, #2100	El Segundo, CA 90245

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: [signature] Date: 10/4/2013 Daytime Phone #: 310 294-8160

Typed or printed name of signing Managing Member/Manager:

S. HAWKES
OCT 7 - 2013
EXAMINER

REINSTATEMENT