

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
13 OCT -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT  
MD7 CAPITAL THREE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75


1052

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

OCT 07 PM 9:07

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M12000007098 1. Limited Liability Company's Name <b>MD7 Capital Three, LLC</b>			
2. Principal Office Address - No P.O. Box <b>2141 Rosecrans Avenue</b> Suite, Apt. #, etc. <b>#2100</b> City & State <b>El Segundo, CA</b> Zip Country <b>90245 USA</b>		3. Mailing Office Address <b>P.O. Box 3429</b> Suite, Apt. #, etc. City & State <b>El Segundo, CA</b> Zip Country <b>90245 USA</b>	
		4. State/Country of Formation <b>Delaware</b>	
		5. Date Organized or Qualified To Do Business in Florida <b>12/19/2012</b>	
		6. FEI Number: <b>45-2464311</b> Applied For / 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 <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> Suite, Apt. #, etc. City <b>Plantation</b>		E-mail Address: <b>ncarey@landmarkdividend.com</b> (To be used for future annual report notices)	
State FL Zip Code <b>33324</b>			
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 <u><i>Nicole Powell</i></u> Date <b>10/4/2013</b> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	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 608.406, 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.817.135, F.S. Signature of Managing Member/Manager <u><i>Jeffrey Knyal</i></u> Date <b>10/4/2013</b> Daytime Phone # <b>310 294-8160</b> Typed or printed name of signing Managing Member/Manager			

CR2E041 (1/11)

2013