PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

18 MAY 17 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400031666664

DOCUMENT # M14000006125

1 Limited Liability Company's Name
AVESTA REAL ESTATE PARTNERS IV LLC

CR2E041 (1-14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
5118 N 56th Street	5118 N 56th Street
Suite Apt. # etc	Suite Apt. # etc
City & State: Tampa	City & State: Tampa
Zip: 33610 Country: US	Zip: 33610 Country: US

4 State/Country of Formation: FL

5 Date Organized or Qualified To Do Business in Florida: 07/10/2013

6 FEI Number: 61-1717755 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) under:
1201 Hays Street

Apt. # Etc:

City: Tallahassee State: FL Zip Code: 32301

9 Having accepted 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: Emily Croft Emily Croft

REGISTERED AGENT MUST SIGN Asst. Vice President

Date: 5/17/2018

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Names of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Avesta Real Estate Holdings LLC	5118 N 56th Street	Tampa, FL 33610

MAY 18 2018
C. CARROTHERS

11 E-mail Address: gvtnotices@avesta.com

Optional for future annual report notifications

12 I certify that I am an authorized representative/ manager of the reference 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 requirement of section 605.0112, F.S., and that all fees owed to the limited liability company have been paid. The information and facts 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 authorized representative/member: Date: 4/10/2018 Daytime Phone #: 813-444-1600

Typed or printed name of signing authorized representative/member: Rachel Ridley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 216554 7931322

AUTHORIZATION :

COST LIMIT : $ 655.00

ORDER DATE : May 17, 2018

ORDER TIME : 2:03 PM

ORDER NO. : 216554-015

CUSTOMER NO: 7931322

DOMESTIC FILINGS

NAME: AVESTA REAL ESTATE PARTNERS IV LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - Ext# 62925

EXAMINER'S INITIALS _____