Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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LIMITED LIABILITY REINSTATEMENT
PIEDMONT 500 TOWNPARK, LLC

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000004460

1. Limited Liability Company's Name
Piedmont 500 TownPark, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11695 Johns Creek Parkway	11695 Johns Creek Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 350	Suite 350
City & State	City & State
Johns Creek, Georgia	Johns Creek, Georgia
Zip / Country	Zip / Country
30097 / USA	30097 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
June 05, 2015

6. FEI Number
58-2368838
☐ 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
C T Corporation System

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Jin Song
CT Corporation System
Jin Song Assistant Secretary
REGISTERED AGENT MUST SIGN
Date: 2/13/2017

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Piedmont Operating Partnership, LP	11695 Johns Creek Parkway	Johns Creek, GA 30097

11. E-mail Address: ida.wozniak@piedmontreit.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 605.0112, 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. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 2/13/2017 Daytime Phone #: 770-449-7800

Typed or printed name of signing Authorized Representative/Manager: Thomas A. McKean

K. ASHTON