

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

17 MAY - 1 PM 9:43

LIMITED LIABILITY COMPANY REINSTATEMENT 2016 - 2017



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M15000005779 1 Limited Liability Company's Name Broadstone LC Florida, LLC

2. Principal Office Address - No P.O. Box # 800 CLINTON SQUARE Suite, Apt. #, etc. City & State ROCHESTER, NY Zip 14604 Country USA

3. Mailing Office Address 800 CLINTON SQUARE Suite, Apt. #, etc. City & State ROCHESTER, NY Zip 14604 Country USA

4. State/Country of Formation NY 5. Date Organized or Qualified To Do Business in Florida 07-22-15 6. FEI Number 61-1763968 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) Suite, 1201 HAYS STREET Apt #, Etc. City TALLAHASSEE State FL Zip Code 32301

800298815078

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 Melissa Zender Date 5/11/17 Asst. Vice President REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: SOLE MEMBER, Broadstone Net Lease, LLC, 800 CLINTON SQUARE, ROCHESTER, NY 14604

11. E-mail Address: (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 requirement of section 605.0012, 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 authorized representative/member John D. Magagnoli Date 4/28/17 Daytime Phone # 535-287-0606 Typed or printed name of signing authorized representative/member John D. Magagnoli, Executive Vice President of Broadstone Net Lease, Inc., the managing member of Broadstone Net Lease, LLC

K. ASHTON

2052

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

ACCOUNT NO. : I20000000195
REFERENCE : 622173 8004756
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : May 1, 2017
ORDER TIME : 12:32 PM
ORDER NO. : 622173-005
CUSTOMER NO: 8004756

REINSTATEMENT

NAME: BROADSTONE LC FLORIDA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

RECEIVED
2017 MAY - 1 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA