

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 29 PM 3:10

ALLA... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15000008305

1. Limited Liability Company's Name
MREIC FORT MYERS FL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3499 Route 9 North		3. Mailing Office Address 3499 Route 9 North	
Suite, Apt. #, etc. Suite 3-C		Suite, Apt. #, etc. Suite 3-C	
City & State Freehold, NJ		City & State Freehold, NJ	
Zip 07728	Country US	Zip 07728	Country US
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida October 16, 2015			
6. FEI Number 81-3263401		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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			

000293726950

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

Courtney Williams
Asst. Vice President

Date **12/28/2016**

REGISTERED AGENT MUST SIGN

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
Member	Monmouth Real Estate Investment Corp	3499 Route 9 North, Ste. 3-C	Freehold, NJ 07728

11. E-mail Address: **atripodi@mreic.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 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

Date **12/28/2016**

Daytime Phone # **732-577-4031**

Typed or printed name of signing authorized representative/member **Allison Nagelberg, General Counsel**



CORPORATION SERVICE COMPANY®

2711 Centerville Road • Wilmington, DE 19808-1645

2012

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

ACCOUNT NO. : I20000000195

REFERENCE : 440942 4358797

AUTHORIZATION :

COST LIMIT : \$ 243.75

ORDER DATE : December 28, 2016

ORDER TIME : 8:13 AM

ORDER NO. : 440942-005

CUSTOMER NO: 4358797

REINSTATEMENT

NAME: MREIC FORT MYERS FL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____