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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 22 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000409

Name and Mailing Address

0015208 01 MB 0.309 **AUTO T7 0 0615 02109-177510

REALTY ASSOCIATES FUND IV LLC
C/O TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109-1775

US

03

2. New Mailing Address	4. State/Country of Formation: MA
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 07/10/1997
Principal Place of Business: C/O TA ASSOCIATES REALTY, 28 STATE STREET, 10TH FLOOR, BOSTON MA 02109, US	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: 04-3341883 — Applied For / Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City: FL — Zip Code

10. 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 SIGNATURE REQUIRED V.R. Date 12-19-2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	REALTY ASSOCIATES ADVISORS LLC	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
		BK	600025681496
		REINSTATEMENT	2003
			BK

12. 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. Realty Associates Advisors LLC, by Realty Associates Advisors Trust, Member

Signature of Managing Member/Manage SIGNATURE REQUIRED Date 11/30/03 Daytime Phone # 617 476 2700

Michael Ruane, Trustee

Typed or printed name of signing Managing Member/Manager

CSC
CORPORATION SERVICE COMPANY™

M97000000409

ACCOUNT NO. : 072100000032

REFERENCE : 368627 4304937

AUTHORIZATION : Patricia Kyzer

COST LIMIT : $ 150.00

ORDER DATE : December 19, 2003

ORDER TIME : 9:56 AM

ORDER NO. : 368627-005

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

FILED
03 DEC 22 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 DEC 22 AM 10:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: REALTY ASSOCIATES FUND IV LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____