

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 11 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000605

1. Limited Liability Company's Name

NRE Holdings, LLC

2. Principal Office Address

485 West Putnam Ave.

Suite, Apt. #, etc.

City & State

Greenwich, CT

Zip

06830

Country

USA

3. Mailing Office Address

c/o AEW Capital Management

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02210

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

8-13-97

6. FEI Number

95-4522804

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100004725201--9

-12/13/01--01071--017

****150.00 ****190.00

9. 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

Mark Hennessey

Mark Hennessey,

Assistant Secretary

Date 12/10/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	National RE/Services LLC	485 West Putnam Ave.	Greenwich, CT 06830

REINSTATEMENT 01

11. 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.

Signature of

Managing Member/Manager

J. M. Caldwell, authorized signer

Date

Daytime Phone # 617-261-9222

Typed or printed name of signing Managing Member/Manager

Jeanne M. Caldwell