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 MAR 19 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98 000000188

1. Limited Liability Company's Name

AP-GP Adler, LLC

REINSTATEMENT 2000-2001

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2 Manhattanville Road | 2 Manhattanville Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Purchase, New York | City & State: Purchase, New York |
| Zip: 10577 Country: U.S. | Zip: 10577 Country: U.S. |

4. State/Country of Formation: Delaware/United States

5. Date Organized or Qualified To Do Business in Florida: 12/8/97

6. FEI Number: 13-3981181 ☐ 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: The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL Zip Code: 32301

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: Dolores Buston Date: 3/12/01
REGISTERED AGENT MUST SIGN

CR2E041 (9-99)

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Mgr. | Kronus Property III | 2 Manhattanville Road | Purchase, New York 1057 |
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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: Ronald J. Solotruk Date: 3/14/01 Daytime Phone #: (914) 694-8000

Typed or printed name of signing Managing Member/Manager: Ronald J. Solotruk