

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

01 JAN -4 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M98000001363

1. Limited Liability Company's Name

Cityplace Townhouse, LLC.

REINSTATEMENT

2000-
2001

2. Principal Office Address

40 The Related Companies, P. 96 The Related Companies

Suite, Apt. #, etc.

625 Madison Ave

City & State

NY NY Attn: Legal

Zip

10022

Country

USA

3. Mailing Office Address

40 The Related Companies, P. 96 The Related Companies

Suite, Apt. #, etc.

625 Madison Ave

City & State

new York, NY

Zip

10022

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

11/19/98

6. FEI Number

13-4029616

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)

1201 Nays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

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 Deborah D. Skipper

Deborah D. Skipper
as its agent

Date 1-4-01

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

MGM Cityplace Partners

40 The Related Companies, LP

625 Madison Ave

NY, NY 10022

500003521855--6

UP 1-4-01

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

Michael J. Brenner

Date 12/29/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Michael Brenner

CR2E041 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 951279 4321791

AUTHORIZATION :

COST LIMIT : \$ 200.00

Patricia Pizuto

ORDER DATE : January 2, 2001

ORDER TIME : 12:0 PM

ORDER NO. : 951279-005

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
THE RELATED COMPANIES, INC.
THE RELATED COMPANIES, INC.
625 Madison Avenue, 9th Floor

New York, NY 10022

DOMESTIC FILING

NAME: CITYPLACE TOWNHOUSE, L.L.C.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____