

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED AND FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 OCT 19 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000404

1. Limited Liability Company's Name

Miami RPFIV Airport Corporate Center
Associates Limited Liability Company

REINSTATEMENT 2000

2. Principal Office Address

3003 Summer Street

Suite, Apt. #, etc.

3. Mailing Office Address

c/o CSC 1201 Hays St

Suite, Apt. #, etc.

City & State

Stamford

City & State

Tallahassee, FL

Zip

CT

Country

06904

Zip

32301

Country

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

06-1541076

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 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 Hays Street

Suite, Apt. #, Etc.

700003430197-1

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

Louise B Smith

Louise B Smith

Date October 18, 2000

Authorized Representative

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	GEIRP IV Holding Corporation	3003 Summer Street	Stamford, CT 06904

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. Stone

Date 10/17/00 Daytime Phone # 203-326-2300

Typed or printed name of signing Managing Member/Manager

Michael J. Stone



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 868071 8630A

AUTHORIZATION : *Patricia Pizoto*

COST LIMIT : \$ 150.00

ORDER DATE : October 18, 2000

ORDER TIME : 11:18 AM

ORDER NO. : 868071-005

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gerpiv
GE INVESTMENT CO. (REAL ESTATE)
GE INVESTMENT CO. (REAL ESTATE)
Registered Agent Department
2711 Centreville Rd
Wilmington, DE 19808

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 12:52

NOT RECORDED
IN ACKNOWLEDGEMENT
SUFFICIENCY OF FILING

DOMESTIC FILING

NAME: MIAMI RPFIV AIRPORT CORPORATE
CENTER ASSOCIATES LIMITED
LIABILITY COMPANY

EFFECTIVE DATE:

XX LIMITED LIABILITY COMPANY REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____