

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 DEC 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

MA9000000480

1. Limited Liability Company's Name

TAUBMAN-DOLPHIN MALL ASSOCIATES LLC

REINSTATEMENT

2000

2. Principal Office Address 200 EAST LONG LAKE ROAD		3. Mailing Office Address 200 EAST LONG LAKE ROAD		4. State/Country of Formation DE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 3/30/99	
City & State BLOOMFIELD HILLS, MI		City & State BLOOMFIELD HILLS, MI		6. FEI Number 38-3461020	
Zip 48304	Country USA	Zip 48304	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 HAYS STREET	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
Zip Code 32301-2525	

CR2E041 (9/99)

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.

BRIAN COURTNEY, ASST. V.P.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date DECEMBER 11, 2000

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
MGRM	TAUB-CO MANAGEMENT, INC.	200 EAST LONG LAKE ROAD	BLOOMFIELD HILLS, MI 48304

700003495157--7

JB
12-11-00

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

Date 12/8/00

Daytime Phone # 248/258-7570

Typed or printed name of signing Managing Member/Manager

Dennis J. Hecht, Esq., Secretary of Taub-Co Management, Inc.



ACCOUNT NO. : 072100000032

REFERENCE : 926226 4804909

AUTHORIZATION :

COST LIMIT : \$ 180.00

ORDER DATE : December 11, 2000

ORDER TIME : 9:43 AM

ORDER NO. : 926226-005

CUSTOMER NO: 4804909

CUSTOMER: Gayle S. Finger, Legal Asst
MIRO WEINER & KRAMER
Suite 100
38500 Woodward Avenue
Bloomfield Hill, MI 48302

DOMESTIC FILING

NAME: TAUBMAN-DOLPHIN MALL
ASSOCIATES LLC

EFFECTIVE DATE:

XX REINSTATMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS:

RECEIVED
00 DEC 11 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

m99000000480

(2)