PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JAPPLICATION 1 FOR' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

M9900000507

FILED DEC 22 PM 5: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0015196 01 MB 0.309 **AUTO T7 0 0615 02109-177510 Mariotelocklanklandlinelinetilentellanlind REALTY ASSOCIATES FUND II LLC C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON MA 02109-1775





2. New Mailing Address				4. State/Country of Formation DE			
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 04/06/1999			
rincipal Place of Business C/O TA ASSOCIATES REALTY		New Principal Place of Business Address			¹ 6. FEI Number 04-3092338		
28 STATE STREET, 10TH FLOOR BOSTON MA 02109	OR City, State, Zip			7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Curr	ent Registered Agent			9. Name and	Address of New Registe	red Agent	
CORPORATION SERVICE COMPANY			Name ,				
1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)				
			City	ry FL Zip Code			
legistered Agent	REGISTERED AGEN	T MUST SIGN	V. Pres.		Date	78/03	
1. Names and Steet Addresses of Each Mana	 				Γ		
	Name of Managing Members/Managers		treet Address of Each laging Member/Manager		City / State / Zip		
MGRM REALTY ASSOCIATES FUND II TI	RUST	28 STATE STREET, 10TH FLOOR)R	BOSTON MA 02109		
				70	0025691	.387	
	TATER	MT_2	<u>UD3</u>				
		···				···	
L2. I certify that I am managing member/manag filing this reinstatement application the reason all fees owed by the limited liability company as if made under oath.	n for dissolution has be-	en eliminated, the l formation indicated	limited liability cor I on this application	npany name satisfic	es the requirements of se-	ction 608.406, F.S., and that	

Managing Member/Manage
Realty Associates Fund II Trust by Michael Ruane, Trustee Typed or printed name of signing Managing Member/Manager

Date 11/3) /03 Daytime Phone #

CSC M9900000507

ACCOUNT NO. : 07210000032	
REFERENCE : 368642 4304937	
AUTHORIZATION : Patricia Paritis	
COST LIMIT : \$ 150.00	
ORDER DATE: December 19, 2003	
ORDER TIME : 11:13 AM	
ORDER NO. : 368642-005	
CUSTOMER NO: 4304937	
CUSTOMER: Anne T. Leland, Legal Asst Mintz, Levin, Cohn, Ferris, One Financial Center	
Boston, MA 02111	
REINSTATEMENT	0
NAME: REALTY ASSOCIATES FUND II LLC XX REINSTATEMENT	NECEIVED 03 DEC 22 PM 1: 41 DIVISION OF CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Amanda Haddan EXT. 2955 EXAMINER'S INITIALS	