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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 26 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000013551890
03/05/03--01056--035 **5.00

000013551890
03/05/03--01056--034 **250.00

DOCUMENT # M99000000576

1. Limited Liability Company's Name
FC VENTURE I, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
24 Frank Lloyd Wright Dr.		24 Frank Lloyd Wright Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Lobby L, 4th Floor		Lobby L, 4th Floor	
City & State		City & State	
Ann Arbor, MI		Ann Arbor, MI	
Zip	Country	Zip	Country
48106-0544	USA	48106-0544	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 4/19/1999

6. FEI Number
38-3461698
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 Connie Bogan Connie Bogan Special Asst. Sec. Date 2-26-03
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	FCV No. 1, Inc.	24 Frank Lloyd Wright Dr. Lobby L 4th Fl	Ann Arbor, MI 48106-0544
MGRM	FREAM No. 17, LLC	82 Devonshire St., E205	Boston, MA 02190

REINSTATEMENT

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 [signature] Date 2/26/03 Daytime Phone # 734-994-5505

Typed or printed name of signing Managing Member/Manager W. Ross Martin, Vice-President