AUG-10-2004 CT CORPORATION

M99000000992

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000000992

1. Limited Liability Company's Name

RENAISSANCE HOUSING V, LLC

2. Principal Office Address		3. Mailing Office Address	
141-07 20TH AVENUE		141-07 20TH AVENUE	
Suite, Apt. #, etc. SUITE 507		Suite, Apt. #, etc. SUITE 507	
City & State WHITESTONE, NY		City & State WHITESTONE, NY	
Zip 11357	Country U.S.	Zip 11357	Country U.S.

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: JUNE 15, 1999

6. FEI Number: 91-6481129 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 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 Bryar — CONNIE BRYAR SPECIAL ASSISTANT SECRETARY
(REGISTERED AGENT MUST SIGN) Date 8/10/04

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	ROYCE A. MULHOLLAND	104 ARLEIGH ROAD	DOUGLASTON, NY 11363
MGRM	WILLIAM A. LEIDESDORF	45 SUTTON PLACE SOUTH	NEW YORK, NY 10022

2002-2004

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: William A. Leidesdorf Date 8/6/04 Daytime Phone # 212-421-3253

Typed or printed name of signing Managing Member/Manager: WILLIAM A. LEIDESDORF

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

RENAISSANCE HOUSING V, LLC

Certificate of Status	1
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