APPROVED
AND
FILED

☑003/004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 DEC -4 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

**REINSTATEMENT** 2000

DOCUMENT #  M99000001399

1. Limited Liability Company's Name

Blackacre Ocala I LLC

| 2. Principal Office Address | 3. Mailing Office Address | |
|---|---|---|
| 450 Park Avenue | 450 Park Avenue | 4. State/Country of Formation: Delaware |
| Suite, Apt. #. etc. 29th Floor | Suite, Apt. #, etc. 29th Floor | 5. Date Organized or Qualified To Do Business in Florida September 17, 1999 |
| City & State New York, New York | City & State New York, New York | 6. FEI Number 13-4003852  Applied For / Not Applicable |
| Zip 10022  Country | Zip 10022  Country | 7. CERTIFICATE OF STATUS DESIRED ☐ |

8. Name and Address of Current Registered Agent

Name: Lexis Document Services

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****150.00  ****50.00

Street Address (P.O. Box Number is Not Acceptable): 3953 W.W. Kelley Road

Suite, Apt #, Etc.

City: Tallahassee    State: FL    Zip Code: 32311

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: *Cynthia Woodyard* – as agent    Date: 12-4-00
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 |
|---|---|---|---|
| Managing member | Jeffrey B. Citrin | 450 Park Avenue, 29th Floor | New York, New York 10022 |

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 12/1/00    Daytime Phone # (212) 891-2100

Typed or printed name of signing Managing Member/Manager: Jeffrey B. Citrin