

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 22 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001712

Name and Mailing Address

0015206 01 MB 0.309 **AUTO T7 0 0615 02109-177510



VRS DORAL LLC
C/O TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109-1775

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2. New Mailing Address		4. State/Country of Formation VA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/1999	
Principal Place of Business C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON MA 02109	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3481401	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2E094 (7/03)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 *[Signature]* **SIGNATURE REQUIRED** Date 12-19-2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VRS/TA ASSOCIATES LLC	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109

REINSTATEMENT 2003

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600025691396

12. 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. **VRS/TA Associates LLC by TA Rich LLC, its Manager by Realty Associates Advisors**

Signature of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 11/30/03 Daytime Phone # 617 476 2700

LLC its Manager by Michael A. Ruane, Member

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

M99000001712

ACCOUNT NO. : 072100000032

REFERENCE : 368596 4304937

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : December 19, 2003

ORDER TIME : 11:30 AM

ORDER NO. : 368596-005

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

FILED
03 DEC 22 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

~~603A00068325~~

603A00068325

NAME: VRS DORAL LLC

RECEIVED
03 DEC 22 PM 1:40
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____