

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

01 APR 20 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001823

1. Limited Liability Company's Name

AP-GP Adler 2, L.L.C.

2. Principal Office Address

2 Manhattanville Road

Suite, Apt. #, etc.

City & State

Purchase, New York

Zip

10577

Country

USA

3. Mailing Office Address

2 Manhattanville Road

Suite, Apt. #, etc.

City & State

Purchase, New York

Zip

10577

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

November 18, 1999

6. FEI Number

65-0961688

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

National Corporate Research Ltd.

Street Address (P.O. Box Number is Not Acceptable)

1406 Hays Street

Suite, Apt. #, Etc.

Suite 2

City

Tallahassee

000004134670--1

-05/03/01--01124--022

*****250.00 *****250.00

000004134670--1

-05/03/01--01124--023

State *****5.00 *****5.00

FL 32301

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

REGISTERED AGENT MUST SIGN

Date 4/20/01

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

MGR

Kronus Property IV, Inc.

2 Manhattanville Road

Purchase, New York 105777

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

Daytime Phone # (212) 515-3246

Typed or printed name of signing Managing Member/Manager

William Scully for Kronus Property IV, Inc.

CR2E041 (9/00)

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AP-GP Adler 2, L.L.C. M99-1823
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

4/20



Certified Copy



Mail out



Will wait

Stamped
☒ Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 APR 20 AM 10:23

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 25 PM 2:03

FILED

Examiner's Initials



Resubmit

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 20, 2001

Please back Solo

CAPITOL SERVICES

SUBJECT: AP-GP ADLER 2, L.L.C.
Ref. Number: M99000001823

File 1st

We have received your document for AP-GP ADLER 2, L.L.C. and your check(s) totaling \$255.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; and \$50 filing fee per year. Please include an additional \$5 for each certified of status requested.

The total amount due to reinstate the limited liability company is \$200.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 201A00023415

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 APR 25 AM 11:10
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING