Florida Department of State

Division of Corporations

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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

9701 COLLINS 1701, LLC

Certificate of Status	0
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Estimated Charge	$377.50

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1052

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2016-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L13000086263

1. Limited Liability Company's Name
9701 COLLINS 1701, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9701 COLLINS AVE.	9701 COLLINS AVE.
Suite, Apt. #, etc. #1701-N	Suite, Apt. #, etc. #1701-N
City & State BAL HARBOUR, FL	City & State BAL HARBOUR, FL
Zip 33154 Country	Zip 33154 Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/14/2013

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1209 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 605, F.S.

Signature of Registered Agent: [signature] Date: 12/7/2017

REGISTERED AGENT MUST SIGN. Danny Verdecchia

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Kathryn Chenault	3 East 95th Street	New York, NY 10128

11. E-mail Address: jhasenkopf@ayco.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: X Kathryn C Chenault Date: 11/25/17 Daytime Phone #: 9145488573

Typed or printed name of signing Authorized Representative/Manager: Kathryn Chenault

K. ASHTON