

12/7/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000321171 3)))



H170003211713ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
9701 COLLINS 1701, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

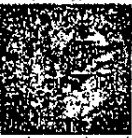
[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 DEC -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2016-2017		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L13000086263

1. Limited Liability Company's Name

9701 COLLINS 1701, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 9701 COLLINS AVE.		3. Mailing Office Address 9701 COLLINS AVE.		4. State/Country of Formation Florida	
Suite, Apt. #, etc. #1701-N		Suite, Apt. #, etc. #1701-N		5. Date Organized or Qualified To Do Business in Florida 06/14/2013	
City & State BAL HARBOUR, FL		City & State BAL HARBOUR, FL		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 33154	Country	Zip 33154	Country	7. CERTIFICATE OF STATUS DESIRED ☐ 3.00 Annual Report Fee	
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

Date 12/7/2017

REGISTERED AGENT, MOST 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

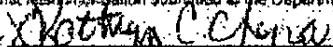
11. E-mail Address: jhasenkopf@ayco.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or 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



Date

11/25/17

Daytime Phone #

(914) 548 8573

Typed or printed name of signing Authorized Representative/Manager

Kathryn Chenault

K. ASHTON