

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2017 MAY 15 10:12 AM  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA

DOCUMENT # L15000053356

1. Limited Liability Company's Name  
**BW JACKSONVILLE INVESTORS, LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>192 Lexington Avenue</b>		3. Mailing Office Address <b>192 Lexington Avenue</b>	
Suite, Apt. #, etc. <b>Suite 901</b>		Suite, Apt. #, etc. <b>Suite 901</b>	
City & State <b>New York</b>		City & State <b>New York</b>	
Zip <b>10016</b>	Country <b>USA</b>	Zip <b>10016</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>March 25, 2015</b>	
6. FEI Number <b>47-3535202</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
**The Kammerman Law Group, P.A.**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**123 NW 13th Street**

Apt. #, Etc.  
**Suite 312**

City  
**Boca Raton**

State  
**FL**

Zip Code  
**33432**

000299221010  
05/12/17--01034--023 \*\*\$77.50

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 *M. Kammerman* **REGISTERED AGENT MUST SIGN**  
**the kammerman law group, P.A., a Florida professional association**  
**MICHAEL A. KAMMERMAN**  
**President**

Date **5-9-17**

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
<b>MGR</b>	<b>Gideon Z. Friedman</b>	<b>192 Lexington Avenue, Suite 901</b>	<b>New York, NY 10016</b>

MAY 15 2017  
C. CARROTHERS

11. E-mail Address: **avega@beachwold.com**

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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

Signature of authorized representative/member *Gideon Z. Friedman* Date **5/8/2017** Daytime Phone # **212-949-5000**

Typed or printed name of signing authorized representative/member **Gideon Z. Friedman**