

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
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DOCUMENT # L15000093926

1. Limited Liability Company's Name
BW Riversong, LLC

300306372813
12/05/17--01047--015 **377.50

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

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida May 28, 2015	
6. FEI Number 47-4141767	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
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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 By: *[Signature]* Date 12/1/17
Harvey H. Kammerman REGISTERED AGENT MUST SIGN

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
MGR	Gideon Z. Friedman	192 Lexington Avenue, Suite 901	New York, NY 10016

REINSTATEMENT
2016-2017

11. E-mail Address: avega@beachwold.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 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 817.155, F.S.

Signature of authorized representative/member *[Signature]* Date 11/28/2017 Daytime Phone # 212-949-5000
Typed or printed name of signing authorized representative/member Gideon Z. Friedman