Florida Department of State

Division of Corporations

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To:

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From:

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

OSCEOLA CINQUE TERRE OWNER, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$377.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000164322

1. Limited Liability Company's Name
OSCEOLA CINQUE TERRE OWNER, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
535 MADISON AVE.		535 MADISON AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
6TH FLOOR		6TH FLOOR	
City & State		City & State	
NEW YORK, NY		NEW YORK, NY	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
9/25/15

6. FEI Number
N/A ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S PINE ISLAND RD

Suite, Apt. #, Etc.
STE 250

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] James M. Halpin Assistant Secretary Date 6/27/17

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
AS	Thomas Roehlk	14901 S. Orange Blossom Tr.	Orlando, FL 32837

11. E-mail Address:
(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 [signature] Date 6/26/17 Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Thomas Roehlk