

1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

17 JAN 31 PM 3:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

700294979747

CR2E041 (1/14)

DOCUMENT # L15 000213064

1. Limited Liability Company's Name Turnbridge Austin LLC

2. Principal Office Address - No P.O. Box # 1691 Michigan Avenue

Suite, Apt. #, etc. Suite 510

City & State Miami Beach, Florida

Zip Country 33139 USA

3. Mailing Office Address 1691 Michigan Avenue

Suite, Apt. #, etc. Suite 510

City & State Miami Beach, Florida

Zip Country 33139 USA

4. State/Country of Formation Florida/USA

5. Date Organized or Qualified To Do Business in Florida December 29, 2015

6. FEI Number 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 South Pine Island Road Suite, Apt. #, Etc.

City State Zip Code Plantation FL 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 Agnes B. Agnes Broszczak, Asst. Secretary Date 1/31/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: AR, Andrew Joblon, 1691 Michigan Avenue, Miami Beach, Florida 33139

11. E-mail Address: aj@turnbridgeequities.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 608, 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 Andrew Joblon Date 1/31/17 Daytime Phone # 646-417-3395

Typed or printed name of signing Authorized Representative/Manager Andrew Joblon

Handwritten initials and date: AJ 1/31/17

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**CT CORP**

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

17 JAN 31 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date: 1/31/17  
ACCT. I20160000072

*W. C. SW*

Name:	Turnbridge Austin LLC
Document #:	
Order #:	10347805

Certified Copy of Arts & Amend:	<input checked="" type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input checked="" type="checkbox"/>		
Apostille/Notarial Certification:		Country of Destination:	
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Filing:	<input checked="" type="checkbox"/> Certified:
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Verifier	_____
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Amount: \$ 373.75 ?

37750 up to \$500.00  
Total Reim.

Thank you

Thank you!

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