

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 JAN 16 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001931

1. Limited Liability Company's Name
15SD, L.L.C.

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # c/o Triangle Air Services Suite, Apt. #, etc. 55 Railroad Ave, Plaza Level City & State Greenwich, CT Zip 06830		Country USA		3. Mailing Office Address c/o Triangle Air Services Suite, Apt. #, etc. 55 Railroad Ave, Plaza Level City & State Greenwich, CT Zip 06830		Country USA	
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4. State/Country of Formation Delaware	5. Date Organized or Qualified To Do Business in Florida 04/05/2012
6. FEI Number 454673312	<input type="checkbox"/> 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 Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

E-mail Address:
700255726307
RRoman@zifflegal.com
(To be used for future annual report notices)

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: *Steve G. Knight* Date: 1-16-14
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company			
Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR <i>mgm</i>	David Gray	55 Railroad Ave, Plaza Level	Greenwich, CT 06830
AMBR <i>mgm</i>	Spencer Lehv	55 Railroad Ave, Plaza Level	Greenwich, CT 06830
REINSTATEMENT 2013-2014			

11. I certify that I am an authorized person 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 Chapter 605, 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 Person: *David Gray* Date: 01/16/2014 Daytime Phone: (212) 292-6000
Typed or printed name of signing Authorized Person: David Gray