

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

17 JUL 23 11:08:25  
7:01

DOCUMENT # M14000004926

1 Limited Liability Company's Name  
SUMMER PALMS MEZZ LLC

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 Country  
10016 USA

Zip Country  
10016 USA

CR2EC4 (01/14)

4 State/Country of Formation  
DELAWARE

5 Date Organized or Qualified To Do Business in Florida  
JULY 11, 2014

6 FEI Number  
47-1295811

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  
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  
THE Kammerman Law Group, P.A.  
Gideon Z. Friedman  
REGISTERED AGENT MUST SIGN

Date 6-21-17

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
MGR	GIDEON Z. FRIEDMAN	192 LEXINGTON AVENUE, SUITE 901	NEW YORK, NY 10016

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 Gideon Z. Friedman Date 6/16/2017 Daytime Phone # 646-354-2114  
Typed or printed name of signing authorized representative/member GIDEON Z. FRIEDMAN