

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE  
 DIVISION OF CORPORATIONS

FILED

DIVISION OF CORPORATIONS

16 DEC 20 PM 4:47

LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name  
 MI5000002915

MAPLE CREST APARTMENTS, LLC

200293458632  
 CR2E041 (1/14)

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 USA	Zip 10016	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida April 20, 2015	
6. FEI Number 47-3760271	Applied For 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)  
 790 EAST BROWARD BLVD

Suite, Apt. #, Etc.  
 SUITE 201

City FORT LAUDERDALE	State FL	Zip Code 33301
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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.  
Walter H. Kammerman REGISTERED AGENT MUST SIGN Date 12-15-11

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
Sole MB	BW Jacksonville Investors, LLC	192 Lexington Avenue, Suite 901	New York, NY 10016
MGR	Gideon Z. Friedman	192 Lexington Avenue, Suite 901	New York, NY 10016

REINSTATEMENT  
 2016

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 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 WZB Date 12/19/11 Daytime Phone # 212-949-5000

Typed or printed name of signing Authorized Representative/Manager Gideon Z. Friedman

DEC 20 2016  
 M. WILLIAMS

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**

**850-656-4724**

**850-508-1891 (cell)**

Date: 12/20/16  
ACCT. 120160000072

*W: JSH*

Name:	<i>Maple Crest Apartments, LLC</i>
Document #:	
Order #:	<i>10297780</i>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	<u>Plain:</u>
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ *538.75*

Thank you!