


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

16 DEC 20 PM 4:56

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Limited Liability Company's Name
 MI500002916
 VINTAGE PLANTATION, LLC

2. Principal Office Address - No P.O. Box # 192 Lexington Avenue Suite, Apt. #, etc. Suite 901 City & State New York, NY Zip 10016		Country USA		3. Mailing Office Address 192 Lexington Avenue Suite, Apt. #, etc. Suite 901 City & State New York, NY 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
47-3775421

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)
790 EAST BROWARD BLVD

Suite, Apt. #, Etc.
SUITE 201

City FORT LAUDERDALE	State FL	Zip Code 33301
-------------------------	-------------	-------------------

CR2E041 (1/14)

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 Mary H. Kammerman Date 12-15-16
 MARY H. KAMMERMAN, President 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
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

11. E-mail Address: avega@beachworld.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 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 Gideon Z. Friedman Date 12/16/16 Daytime Phone # 212-949-5000

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

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 12/20/16
ACCT. 120160000072

W: C SW

Name:	Vintage Plantation LLC
Document #:	
Order #:	10277780

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!

RECEIVED
16 DEC 20 11 41
SUFFICIENCY OF FILING