

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002590163)))



H160002590163ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

TALLAHASSEE, FLORIDA

16 OCT 19 PM 7:26

RECEIVED

**LIMITED LIABILITY REINSTATEMENT
GRAND RESERVE BORROWER, LLC**

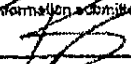
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		16 OCT 18 PM 4:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M 15000003338					
1. Limited Liability Company's Name Grand Reserve Borrower, LLC					
2. Principal Office Address - No P.O. Box # 5429 LBJ Freeway		3. Mailing Office Address 5429 LBJ Freeway		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800			
City & State Dallas, Texas		City & State Dallas, Texas			
Zip 75240	Country USA	Zip 75240	Country USA		
5. Date Organized or Qualified To Do Business in Florida April 30, 2015				6. FEI Number 47-3849422	
7. CERTIFICATE OF STATUS DESIRED ☒				8. Additional Fee Required for Certificate of Status ☐	
9. 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 Plantation		State FL	Zip Code 33324		
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.					
Signature of Registered Agent Chris Rickard, CT Corporation System		Date 10-19-2016			
REGISTERED AGENT MUST SIGN					
11. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Co-Pres	Robert P. Landin	5429 LBJ Freeway, Suite 800		Dallas, Texas 75240	
Co-Pres	Jeffrey L. Goldberg	5429 LBJ Freeway, Suite 800		Dallas, Texas 75240	
VP	Steve Lamberti	5429 LBJ Freeway, Suite 800		Dallas, Texas 75240	
VP/Sec	Ryan Newberry	5429 LBJ Freeway, Suite 800		Dallas, Texas 75240	
S. HAWKES					
12. E-mail Address: legal@milestone-mgt.com					
(To be used for future annual report notifications)					
13. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, 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 805.0612, 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. 817.165, F.S.					
Signature of Authorized Representative/Manager 		Date 10/19/2016		Daytime Phone # (214) 561-1200	
Typed or printed name of signing Authorized Representative/Manager Ryan Newberry, Vice President					