

7/26/2016 1:20:42 PM From: To: 8506176384(1/2)

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.

((H16000179348 3)))



H160001793483ABC6

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 : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
BEACH TOWER SALES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,487.50

RECEIVED
16 JUL 26 PM 12:32
FALLENBERRY, FL 32205

[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

2016 JUL 26 AM 11:42

MISSISSIPPI

DOCUMENT # L06000031796

1. Limited Liability Company's Name

Beach Tower Sales LLC

JUL 26 2016

L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 390 Park Avenue Suite, Apt. #, etc. 3rd Floor City & State New York, New York Zip 10022 Country USA		3. Mailing Office Address 390 Park Avenue Suite, Apt. #, etc. 3rd Floor City & State New York, New York Zip 10022 Country USA		4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 3/27/2006				6. FEI Number <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 CT Corporation	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

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: Jan M. DeG Assistant Secretary, CT Corporation Date: 7/26/2016

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
MGRM	2201 Collins Fce LLC	390 Park Avenue, 3rd Floor	New York, NY 10022
REINSTATEMENT			
2007-2016			

11. E-mail Address: kcarpenter@drfr.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 603, 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: Katherine Carpenter Date: 7/26/16 Daytime Phone #: (212) 308-1000

Typed or printed name of signing Authorized Representative/Manager: Katherine Carpenter