

7/11/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

File 1st, Please complete this LLC
reinstatement filing **BEFORE** completing
the LLC amendment with Fax audit#

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

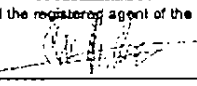
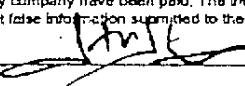
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**LIMITED LIABILITY REINSTATEMENT
DOS CAMINOS FT. LAUDERDALE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	1
Estimated Charge	\$516.25

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 0 11 32	
DOCUMENT # <u>L110000013478</u>					
1. Limited Liability Company's Name DOS CAMINOS FT. LAUDERDALE, LLC					
2. Principal Office Address - No P.O. Box # 1140 SEABREEZE BLVD.		3. Mailing Office Address 315 Park Ave South		4. State/Country of Formation Florida	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 13th Floor			
City & State FT. LAUDERDALE, FL		City & State NEW YORK, NY			
Zip 33316	Country USA	Zip 10010	Country USA		
5. Date Organized or Qualified To Do Business in Florida 02/01/2011		6. FEI Number 27-4755726		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 C T 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		
9. 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, Assistant Secretary		Date 07/11/2017	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
Manager	BR GUEST, LLC	315 Park Ave South 13th Floor	NEW YORK, NY 10010		
11. E-mail Address: <u>vwilliams@ldry.com</u>					
(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 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 805.0012, 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 		Date 7/10/17		Daytime Phone # 212-386-2000	
Typed or printed name of signing Authorized Representative/Manager Steven L. Scheinthal					

T HENDERSON
JUL 11 2017