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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILE

2021 APR - 11 AM 11: 57

FLORIDA DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



DOCUMENT # M18000010742

1. Limited Liability Company's Name

Fair Havens Propco, LLC

700363713607

LLP210681210-7

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2901 Stirling Road		3. Mailing Office Address 2901 Stirling Road	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33312	Country US	Zip 33312	Country US

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 11/30/2018	
6. FEI Number 83-2527827	<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 Cogency Global Inc.			
Street Address (P.O. Box Number is Not Acceptable) Suite 115 N Calhoun St			
Apt. #, Etc. Suite 4			
City Tallahassee		State FL	Zip Code 32301

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 Sheila Carroll, Asst. Secretary

Date 3/23/2021

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
MGR	Bent Philipson	22 Pleasant Ridge Road	Spring Valley, NY 10977

11. E-mail Address: _____

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member /s/ Bent Philipson Date 3/23/2021

Daytime Phone # (212) 682-4002

Typed or printed name of signing authorized representative/member Bent Philipson, Authorized Person

T MOORE



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

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Account#: 120000000088

Date: 04/07/2021

Name: Marcel Ogbonna-Amu

Reference #: 1336967

Entity Name: FAIR HAVENS PROPCO, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ANY ISSUES. CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$238.75

Signature: *Marcel Ogbonna-Amu*