

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000035217

**FILED  
Mar 11, 2015  
Secretary of State  
CR1001863935**

**Entity Name:** LENKWARD ESTATES LLC

**Current Principal Place of Business:**

C/O PAVIA & HARTCOURT LLP  
590 MADISON AVENUE, 8TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

C/O PAVIA & HARTCOURT LLP  
590 MADISON AVENUE, 8TH FLOOR  
NEW YORK, NY 10022 PA

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GOMEZ, RAMON  
1400 S.W. 27TH AVE.  
102  
MIAMI, FL 33145 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RAMON GOMEZ

03/11/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRIMALDI, GIUSEPPE  
Address VIA SOMAINI 10  
City-State-Zip: 6900 LUGANO- SWITZERLAND AL

Title MGR  
Name SADUN, UMBERTO  
Address STRADA PRIVATA DEL FAGGIO 9  
City-State-Zip: 22060 CARIMATE (CO) ITALY AL

Title MGRM  
Name COMPAGNIA FIDUCIARIA NAZIONALE  
S.P.A.  
Address GALLERIA DE CRISTOFORIS 3  
City-State-Zip: 20122 MILANO, ITALY

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAMON GOMEZ

**REGISTER AGENT**

03/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date