

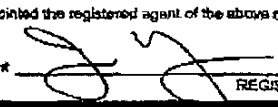
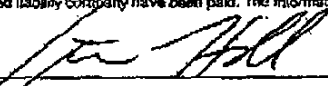
NOV. 19. 2007 3:49PM

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NO. 433

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 NOV 19 PM 4:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA		FILED	
DOCUMENT # F0600003740							
1. Limited Liability Company's Name 5002 West Waters Owner Corp.							
2. Principal Office Address - No P.O. Box # 1395 Brickell Avenue				3. Mailing Office Address 1395 Brickell Avenue			
State, Apt. #, etc. 680				Suite, Apt. #, etc. 680			
City & State Miami, FL				City & State Miami, FL			
Zip 33131		Country USA		Zip 33131		Country USA	
4. State/Country of Formation Delaware				5. Date Organized or Certified To Do Business in Florida 05/25/06			
6. FEI Number 20-4758189				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 Corporation Service Company							
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street							
Suite, Apt. #, Etc. 							
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 608, F.S. Signature of Registered Agent  Jeanine Reynolds Date 11-19-07 REGISTERED AGENT MUST SIGN as its agent							
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City/State/Zip			
CPT	Andreas Limburg	Limmattgasse 26 P.O. Box 8024		Zurich OC, Switzerland			
VPVC	Pierre Ratin	Suite 3C, Palaces House 78		London, SW 1Y 6DN OC.			
D	Kevin Hockett	1221 Avenue of the Americas		New York, NY 10020			
S	John Oper	599 Lexington Avenue		New York, NY 10022			
Asst. Treasurer	Steven Hall	1395 Brickell Avenue		Miami, FL 33131			
		4680					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 608.406, 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. Signature of Managing Member/Manager  Date 11-14-07 Daytime Phone # 305-379-9909 Typed or printed name of signing Managing Member/Manager Steven Hall							

REINSTATEMENT

2007

Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

5002 WEST WATERS OWNER CORP

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