

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 16 PM 3:26

TALLAHASSEE, FLORIDA

DOCUMENT # ~~L000000000023~~ **L00000000006203**

1. Limited Liability Company's Name

PLANTATION BAY APARTMENTS, L.L.C.

REINSTATEMENT

CR2E041 (1/11)

12

2. Principal Office Address - No P.O. Box #
192 Lexington Avenue

Suite, Apt. #, etc.
15th Floor

City & State
New York, NY

Zip Country
10016 US

3. Mailing Office Address
192 Lexington Avenue

Suite, Apt. #, etc.
Suite 901

City & State
New York, NY

Zip Country
10016 US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/30/2000

6. FEI Number
582547063

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
Robert P. Rothenberg

Street Address (P.O. Box Number is Not Acceptable)
3140 Collins Avenue

Suite, Apt. #, Etc.
17F

City State Zip Code
Miami FL 33140

E-mail Address:

800240856908
10/16/12--01003--012 **238.75

dpezza@beachwold.com

(To be used for future annual report notices)

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

Date 10/10/12

REGISTERED AGENT MUST SIGN

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
MGRM	Ansonia Mezzco LLC	192 Lexington Avenue - 15th Floor	New York, NY 10016

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. 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 Managing
Member/Manager

Date 10/10/12

Daytime Phone # 212-949-5000

Typed or printed name of signing Managing Member/Manager

Robert P. Rothenberg

OCT 17 2012