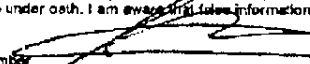


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000012023					
1. Limited Liability Company's Name A & M FLORIDA PROPERTIES II, LLC					
2. Principal Office Address - No P.O. Box # 5500-5550 Washington Street		3. Mailing Office Address 5500-5550 Washington Street		CR2ED41 (1/14)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Hollywood, FL		City & State Hollywood, FL		5. Date Organized or Qualified To Do Business in Florida 07/19/2001	
Zip 33021	Country USA	Zip 33021	Country USA	6. FEI Number 11-3620164	
				Applied For Not Applicable	
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 South Pine Island Road Apt. #, Etc. City Plantation State FL Zip Code 33324				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	
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 _____ Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Edith Gross	140 Broadway, 41st Floor		New York, NY 10005	
MGR	Allen Gross	140 Broadway, 41st Floor		New York, NY 10005	
11. E-mail Address: <u>ograeber@gflcap.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager of 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. 817.166, F.S.					
Signature of authorized representative/member 				Date <u>11/15/2016</u> Daytime Phone # _____	
Typed or printed name of signing authorized representative/member <u>IVA BAAZ</u>					

(((H16000285542 3)))

RE 11/18/16

Division of Corporations

FILED Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

****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
A & M FLORIDA PROPERTIES II, LLC**

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