

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 30 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **103-0000-51084**
1. Limited Liability Company's Name

Continuum TH-7 LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
390 Park Avenue

3. Mailing Office Address
390 Park Avenue

Suite, Apt. #, etc.
Third Floor

Suite, Apt. #, etc.
Third Floor

City & State
New York, New York

City & State
New York, New York

Zip
10022

Country
USA

Zip
10022

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **12/9/2003**

6. FEI Number
200464555

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 E. Dady, Esq.

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle

Suite, Apt. #, Etc.
Suite 601

City
Coral Gables

State Zip Code
FL 33145

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

600103917086
06/05/07--01046--008 **100.00

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

REGISTERED AGENT MUST SIGN

Date **5-23-07**

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
MGR	Harry Lis	390 Park Avenue, 3rd FL	New York, NY 10022
MGR	Philip Herman	390 Park Avenue, 3rd FL	New York, NY 10022
MGR	Robert E. Dady	201 Alhambra Circle, #601	Coral Gables, FL 33134

REINSTATEMENT

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 **5/23/07**

Daytime Phone # **305-357-1001**

Typed or printed name of signing Managing Member/Manager

Robert E. Dady