

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 MAY 19 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500299591735

CR2E041 (1/14)

**DOCUMENT #**

1. Limited Liability Company's Name

Owl's Nest LLC  
L04000001400

2. Principal Office Address - No P.O. Box #

2128 North Bay Road

3. Mailing Office Address

640 Fifth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20th Floor

City & State

Miami Beach, FL

City & State

New York, NY

Zip

33140

Country

USA

Zip

10019

Country

USA

4. State/Country of Formation

FL/Miami Dade

5. Date Organized or Qualified

To Do Business in Florida

01/07/2004

6. FEI Number

20-1807518

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Broward County

State

FL

Zip Code

33324

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

Danny Verdecchia

Assistant Secretary

Date 5/8/17

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Jeffrey Altman	640 Fifth Avenue, 20th Floor	New York, NY 10019
Authorized Representative	Reuben Kopel	640 Fifth Avenue, 20th Floor	New York, NY 10019

11. E-mail Address: nicoles@owlcreeklp.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 05/02/17

Daytime Phone # 212-688-2550

Typed or printed name of signing Authorized Representative/Manager Jeffrey Altman

S Warren

MAY 23 2017

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 5-19-17  
ACCT. I20160000072

*en: c SW*

Name:	QWLIS NEST LLC
Document #:	
Order #:	10471922

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 793.75

*up to 1,000.00  
Jma 5/17*

Thank you!

RECEIVED  
DEPARTMENT OF STATE  
MAY 22 AM 11:02