

LOS 000029124

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # LOS-29124

1. Limited Liability Company's Name

Broadway Florida LLC

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

80 Broad Street
Suite, Apt. #, etc. 29th Floor

City & State

New York, NY

Zip

10004

Country

New York

3. Mailing Office Address

80 Broad Street
Suite, Apt. #, etc. 29th Floor

City & State

New York, NY

Zip

10004

Country

New York

4. State/Country of Formation

TALLAHASSEE, FLORIDA

5. Date Organized or Qualified To Do Business in Florida

March 23, 2005

6. FEI Number

04-3820853

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)

401 HAYS Street

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☐ 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.

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

Ann R. Shilling

Ann R. Shilling, Assistant VP

Date

12/31/07

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
<u>MEM</u>	<u>Joseph Neumann</u>	<u>80 Broad Street - 29th Fl</u>	<u>New York, NY 10004</u>
<u>MEM</u>	<u>Charles Herzka</u>	<u>80 Broad Street - 29 Fl</u>	<u>New York, NY 10004</u>

REINSTATEMENT

Without fee 1/8/08

2006-2007

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 608.408, 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

Charles Herzka

Date

12/31/07 Daytime Phone (212) 493-7000

Typed or printed name of signing Managing Member/Manager

Charles Herzka

FILED
JAN - 8 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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