

LO5000098866

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Cowperwood Orlando I, LLC

06

BK

900159658919

CR2E041 (10/08)

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

245 Commerce Green Blvd.

3. Mailing Office Address

245 Commerce Green Blvd.

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

Suite 140

City & State

Sugar Land, TX

City & State

Sugar Land, TX

Zip

77478

Country

USA

Zip

77478

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/5/2005

6. FEI Number

20-3530167

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)

1201 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

Sue G. Knight

Sue G. Knight
as its agent

Date

8-17-08

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	John C. Harvey	375 Park Avenue, #3701	New York, NY 10152

REINSTATEMENT 2006-2009

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

John C. Harvey

Date

17 AUG 09

Daytime Phone #

212.953.0007

Typed or printed name of signing Managing Member/Manager John C. Harvey / Managing Member



CORPORATION SERVICE COMPANY

L05000098866

ACCOUNT NO. : I20000000195

REFERENCE : 098631 7269412

AUTHORIZATION :

Sybilena

COST LIMIT :

~~\$ 500.00~~

560.00

ORDER DATE : August 17, 2009

ORDER TIME : 3:35 PM

ORDER NO. : 098631-005

CUSTOMER NO: 7269412

FILED
09 AUG 17 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COWPERWOOD ORLANDO I, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
09 AUG 17 PM 4:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS

BSK