Florida Department of State

Division of Corporations

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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LIMITED LIABILITY REINSTATEMENT
BEACH TOWER SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 JUL 26 AM 11:42

TALLAHASSEE, FLORIDA

JUL 26 2016

L BERGER

CR2E041 (1/14)

DOCUMENT # L06000031796

1. Limited Liability Company's Name
Beach Tower Sales LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
390 Park Avenue		390 Park Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3rd Floor		3rd Floor	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/27/2006

6. FEI Number ☐ 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

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	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 Assistant Secretary, CT Corporation Date 7/26/2016
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	2201 Collins Fee LLC	390 Park Avenue, 3rd Floor	New York, NY 10022

REINSTATEMENT

2007-2016

11. E-mail Address: kcarpentier@rfr.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 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 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 7/25/16 Daytime Phone # (212)308-1000

Typed or printed name of signing Authorized Representative/Manager Katherine Carpentier