

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L07000007685**

**1. Limited Liability Company's Name**

PARC LOFTS WTY, LLC

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

10 EAST 53RD

Suite, Apt. #, etc.

34TH FLOOR

City & State

NEW YORK, NY

Zip

10022

Country

USA

**3. Mailing Office Address**

10 EAST 53RD

Suite, Apt. #, etc.

34TH FLOOR

City & State

NEW YORK, NY

Zip

10022

Country

USA

**4. State/Country of Formation**

FL, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

01/22/2007

**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

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

REGISTERED AGENT MUST SIGN

Date

**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	Henry Harper	10 E. 53rd St. Fl 34	New York, NY 10022
			04/10/09--01020--025 **238.75

**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 4/2/09

Daytime Phone # (212) 486-4900

Typed or printed name of signing Managing Member/Manager

Henry Harper

May 7, 2009

RE: Parc Lofts WTY, LLC

MGRM: Henry Harper

Deborah,

This envelope contains the form and payment required for the reinstatement of "Parc Lofts WTY, LLC". Please send me an email ([Perlman@americanlandcapital.com](mailto:Perlman@americanlandcapital.com)) or phone me (773) 620-6161, once you have received these documents that I may know that they have been received and the entity is once more in good standing.

Thank you for your assistance.

A handwritten signature in black ink, appearing to read 'M. Blake Perlman', with a long horizontal flourish extending to the right.

M. Blake Perlman