


13 APR 26 PM 2:18

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L08000037077</u>					
1. Limited Liability Company's Name 1700 WEST AVENUE LESSEE LLC					
2. Principal Office Address - No P.O. Box # 475 10TH AVE 11TH FL		3. Mailing Office Address 475 10TH AVE, 11TH FL		4. State/Country of Formation	
State, Apt. #, etc. NY		State, Apt. #, etc. NY		5. Date Organized or Qualified To Do Business in Florida April 2008	
City & State NEW YORK, NY		City & State NEW YORK, NY		6. FET Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 10018	Country USA	Zip 10018	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Admin. Fee (see instructions)	
8. Name and Address of Current Registered Agent				E-mail Address:	
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
City Plantation				State: FL Zip Code: 33324	
(To be used for future annual report notices)					
9. I, being appointed the registered agent of the above named limited liability company, do hereby own and control the interests of Chapter 608, F.S.					
Signature of Registered Agent <i>Connie Bryson</i>		Assistant Secretary <i>4/25/2013</i>			
10. Names and Street Address of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City/State/Zip	
MORM	1100 WEST HOLDINGS LLC	475 10TH AVE, 11TH FL		NEW YORK, NY 10018	
REINSTATEMENT				APR 26 2013	
				R HUNT	
11. I certify that I am managing member/manager or the partner 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 taxes 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.165, F.S.					
Signature of Managing Member/Manager <i>R. Szymanski</i>		Date <i>4/25/2013</i>		Day/Time Phone # 212-277-4109	
Typed or printed name of signing Managing Member/Manager		RICHARD SZYMANSKI			

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
1200 WEST AVENUE LESSEE, LLC

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APR 26 2013

R. HUNT

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