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**LIMITED LIABILITY REINSTATEMENT  
510 OCEAN DRIVE DEBT ACQUISITION, LLC**

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**FAX COVER SHEET**

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**TO**

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**COMPANY**

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**FAXNUMBER** 18506176384

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**FROM** Ranae McGraw

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**DATE** 2017-02-02 10:05:03 CST

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**RE** 510 OCEAN DRIVE DEBT ACQUISITION, LLC

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**COVER MESSAGE**

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Chris Rickard  
Fulfillment Specialist  
CT Corporation




Office: 614-280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)  
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>2017 FEB -2 AM 7:52</b>  <b>FEB - 2 2017</b>  <b>L BERGER</b>	
<b>DOCUMENT #</b> L09000113734 1. Limited Liability Company's Name 510 Ocean Drive Debt Acquisition, LLC					
2. Principal Office Address - No P.O. Box # 510 Ocean Drive Suite, Apt. #, etc. Suite 501 City & State Miami, Florida Zip 33139		3. Mailing Office Address 1 Harbor Point Road Suite, Apt. #, etc. Apartment 1700 City & State Stamford, Connecticut Zip 06902		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida November 25, 2009 6. FEI Number 80-0517568 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		State FL Zip Code 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  Date February 2, 2017 Jennifer Quinn, Asst. Secretary 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		
AR	Leonard M. Levie	1 Harbor Point Road #1700	Stamford, CT 06902		
AR	Brian Cassidy	510 Ocean Drive - Suite 501	Miami, Florida 33139		
<b>REINSTATEMENT</b> 2013-2017					
11. E-mail Address: <u>llevie@aiacgroup.com</u> <small>(To be used for future annual report notifications)</small>					
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 <u>2-1-2017</u> Daytime Phone # <u>203-952-9212</u> Typed or printed name of signing Authorized Representative/Manager <u>Leonard M. Levie</u>					