

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2011 NOV 15 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/14/11--01069--006 \*\*238.75

CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L10000016826**  
1. Limited Liability Company's Name  
**Heights Property Management, LLC**

2. Principal Office Address - No P.O. Box # <b>216 Journal Square Plaza</b> Suite, Apt. #, etc. <b>Suite 700</b> City & State <b>Jersey City, NJ</b> Zip <b>07306</b> Country <b>US</b>		3. Mailing Office Address <b>216 Journal Square Plaza</b> Suite, Apt. #, etc. <b>Suite 700</b> City & State <b>Jersey City, NJ</b> Zip <b>07306</b> Country <b>US</b>	
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4. State/Country of Formation <b>Florida</b>
5. Date Organized or Qualified To Do Business in Florida <b>2/12/2010</b>
6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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  
**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**

E-mail Address:  
**jeslyn@oneteamway.com**

(To be used for future annual report notices)

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 \_\_\_\_\_ Date **11-8-11**

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
MGR	Steven Karvellas	216 Journal Square Plaza, Suite 700	Jersey City, NJ 07306
MGR	Joy Fowler	216 Journal Square Plaza, Suite 700	Jersey City, NJ 07306
MGR	Jennifer Mateo	216 Journal Square Plaza, Suite 700	Jersey City, NJ 07306

**REINSTATEMENT 2011**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Managing Member/Manager \_\_\_\_\_ Date **10.28.11** Daytime Phone # **917.836.4651**

Typed or printed name of signing Managing Member/Manager **JOY FOWLER**