

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 APR 26 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L10000108058

1. Limited Liability Company's Name
CRANDON 939 LLC

100285046931

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 201 Crandon Boulevard Suite, Apt. #, etc. Apt 939 City & State Key Biscayne, Florida Zip FL 33149		3. Mailing Office Address 201 Crandon Boulevard Suite, Apt. #, etc. Apt 939 City & State Key Biscayne, Florida Zip FL 33149	
Country US		Country US	

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 10/15/2010	
6. FEI Number 27-3777939	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name CORPORATE SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET	
Apt. #, Etc.	
City TALLAHASSEE	State FL
Zip Code 32301	

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

M. Zender

Melissa Zender

Date

4/26/16

REGISTERED AGENT MUST SIGN

Asst. Vice President

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
MGR	NDR, INC.	Level 3, 18 Stanley Street	Auckland 1010, New Zealand
<p>REINSTATEMENT</p> <p>2013-2016</p>			

11. E-mail Address kmarshall@conemarshall.com

S. HAWKES

(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., 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 s. 817.155, F.S.

Signature of authorized representative/member

Date

04/26/2016

Daytime Phone #

EXAMINER
464 2456732

Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 116546 7853763

AUTHORIZATION :

COST LIMIT : \$ 655.00

ORDER DATE : April 26, 2016

ORDER TIME : 9:31 AM

ORDER NO. : 116546-005

CUSTOMER NO: 7853763

DOMESTIC FILINGS

NAME: CRANDON 939 LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 APR 26 AM 11:00