

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12 000059 241

1. Limited Liability Company's Name

50 NE 11TH STREET, LLC

CR2E041 (1/14)

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

200 SW 1ST AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 1200

Suite, Apt. #, etc.

SAME

City & State

FORT LAUDERDALE

City & State

FL

Zip

33301

Country

USA

Zip

SAME

Country

SAME

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/02/2012

6. FEI Number

90-0851662

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

T. ROBERT SHAHADY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

200 SW 1ST AVENUE

Suite, Apt. #, Etc.

SUITE 1200

City

FORT LAUDERDALE

State

FL

Zip Code

33301

600262033016
05/27/14--01002--021 **25.00

600262033016
07/07/14--01006--003 **213.75

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

T. Robert Shahady

REGISTERED AGENT MUST SIGN

Date

06/24/2014

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
CTRLER	Arici, Beth A	27 Horseneck Road, Suite 300	Fairfield, NJ 33431

REINSTATEMENT

S. HAWKES

JUL 7 - A.M.

EXAMINER

11. E-mail Address: rshahady@kolawyers.com

(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 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 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

T. Robert Shahady

Date 06/24/2014

Daytime Phone # 954-862-8570

Typed or printed name of signing Authorized Representative/Manager T. Robert Shahady, Esq. - Registered Agent