

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAY - 1 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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05/01/14--01031--014 **382.50

CR2E041 (1/14)

DOCUMENT # L12000088426

1. Limited Liability Company's Name
505 IDLEWYLD, LLC

2. Principal Office Address - No P.O. Box # ONE MARINA PARK DRIVE		3. Mailing Office Address ONE MARINA PARK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOSTON, MA		City & State BOSTON, MA	
Zip 02210	Country	Zip 02210	Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida
07/06/2012

6. FEI Number	Applied For
	<input checked="" type="checkbox"/> 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
JAMES D. CAMP III

Street Address (P.O. Box Number is Not Acceptable)
111 S.E. 12 STREET

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33316

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 4-29-14

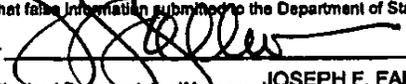
REGISTERED AGENT MUST SIGN

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
MGR	JOSEPH F. FALLON	ONE MARINA PARK DRIVE	BOSTON, MA 02210

11. E-mail Address: ifallon@falloncompany.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  Date 4.28.14 Daytime Phone # 617-737-4100

Typed or printed name of signing Authorized Representative/Manager JOSEPH F. FALLON, MANAGER