

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAY - 1 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100259760841
05/01/14--01031--014 **382.50

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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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
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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

☒ 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

REGISTERED AGENT MUST SIGN

Date 4-29-14

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: jfallon@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 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

4.28.14

Daytime Phone # 617-737-4100

Typed or printed name of signing Authorized Representative/Manager

JOSEPH F. FALLON, MANAGER