PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT -8 AM 8:22

DOCUMENT # L12000149847

1. Limited Liability Company's Name
OPP ATLANTIC 701 LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
%Ascend Group, LLC	%Ascend Group, LLC
Suite, Apt. #, etc.: 15 West 36th St., 13th FL	Suite, Apt. #, etc.: 15 West 36th St., 13th FL
City & State: New York, NY	City & State: New York, NY
Zip: 10018 Country: USA	Zip: 10018 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 11/29/2012

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: Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr., Suite A
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

E-mail Address: dcs@lawdeb.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 Debbie Hocke Date 10/8/13
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	Ascend Atlantic, LLC	15 West 36th St., 13th FL	New York, NY 10018
			200252590852
	REINSTATEMENT		
			OCT 8 2013
			R. HUNT

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 s.817.155, F.S.

Signature of Managing Member/Manager Date 10/1/13 Daytime Phone # 212-840-3000

Typed or printed name of signing Managing Member/Manager

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/8/13

NAME: OPP ATLANTIC 701 LL

TYPE OF FILING: REINSTATEMENT

COST: 238.75

RETURN: PLAIN COPY PLEASE

2013 OCT -8 PM 4:32

SUFFICIENCY OF FILING

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE Abbie Hodge

OCT 8 2013

R. HUNT