

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 DEC 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
CF FLORIDA PROPERTIES LLC

500806951135

2. Principal Office Address - No P.O. Box # 512 Seventh Avenue		3. Mailing Office Address 512 Seventh Avenue	
Suite, Apt. #, etc. 16th floor		Suite, Apt. #, etc. 16th floor	
City & State New York		City & State New York	
Zip 10018	Country NY	Zip 10018	Country NY
8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301

CR2E041 (1/14)

4. State/Country of Formation FL
5. Date Organized or Qualified To Do Business in Florida 09/02/2014
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

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 _____
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
Manager	Joseph Chetrit	512 Seventh Avenue, 16 floor	New York, NY 10018

DEC 21 2017

C. CARROTHERS

1. E-mail Address: jgraff@ssslglaw.com

(To be used for future annual report notifications)

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 requirement of section 35.0012, 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 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: [Signature] Date 12/21/17 Daytime Phone # 212-725-9300

Printed or printed name of signing authorized representative/member Josh Graff - authorized representative

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

ACCOUNT NO. : I20000000195
REFERENCE : 976648 4337275
AUTHORIZATION : *W. Cohen*
COST LIMIT : \$ 521.25

ORDER DATE : December 21, 2017
ORDER TIME : 12:54 PM
ORDER NO. : 976648-005
CUSTOMER NO: 4337275

DOMESTIC FILINGS

NAME: CF FLORIDA PROPERTIES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - Ext# 62974

EXAMINER'S INITIALS _____

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