Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2016 NOV 16 AM 10: 29

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Email Address:_____

LIMITED LIABILITY REINSTATEMENT

NW HARBORSIDE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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NOV 16 2016

R. HUNT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITEDLIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000194439

1. Limited Liability Company's Name
NWHARBORSIDELLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1819WAZEESTREET		1819WAZEESTREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2NDFLOOR		2NDFLOOR	
City & State		City & State	
DENVER,CO		DENVER,CO	
Zip	Country	Zip	Country
80202	USA	80202	USA

4. State/Country of Formation
DE/USA

5. Date Organized or Qualified To Do Business in Florida
12/18/2014

6. FEI Number
80-0878507
☐ 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
CTCORPORATIONSYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200SOUTHPINEISLANDROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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
AMBR	NORTHWOOD GP LLC	575 FIFTH AVE, 23RD FLOOR	NEW YORK, NY 10017
AMBR	NORTHWOOD EMPLOYEES LP	575 FIFTH AVE, 23RD FLOOR	NEW YORK, NY 10017
AMBR	NORTHWOOD REAL ESTATE PARTNERS TE (AIV 4) LP	575 FIFTH AVE, 23RD FLOOR	NEW YORK, NY 10017
AMBR	MCCASLIN, DAVID	115 E COMMON RD	EASON, CT 06612
	REINSTATEMENT	NOV 16 2016 R. HUNT	

11. E-mail Address: _____
(To be used for future annual report notification)

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 Z L Date 11/15/2016 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager ErwinK.Aulis,COO