

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAY 15 10:12 AM
SECRETARY OF STATE
ALLIANCE FLORIDA

DOCUMENT # L15000053356

1. Limited Liability Company's Name
BW JACKSONVILLE INVESTORS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

192 Lexington Avenue

Suite, Apt. #, etc.

Suite 901

City & State

New York

Zip

10016

Country

USA

3. Mailing Office Address

192 Lexington Avenue

Suite, Apt. #, etc.

Suite 901

City & State

New York

Zip

10016

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 25, 2015

6. FEI Number

47-3535202

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

The Kammerman Law Group, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,

123 NW 13th Street

Apt. #, Etc.

Suite 312

City

Boca Raton

State

FL

Zip Code

33432

000299221010
05/12/17--01034--023 **\$77.50

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

The Kammerman Law Group, P.A., a Florida professional association
Mary H. Kammerman
President

REGISTERED AGENT MUST SIGN

Date **5-9-17**

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	Gideon Z. Friedman	192 Lexington Avenue, Suite 901	New York, NY 10016

MAY 15 2017

C. CARROTHERS

11. E-mail Address: **avega@beachwold.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 requirement 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 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

Gideon Z. Friedman

Date

5/8/2017

Daytime Phone #

212-949-5000

Typed or printed name of signing authorized representative/member

Gideon Z. Friedman