

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2022 JAN -5 AM 8:47

S. 11/15/2021 11:50

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**DOCUMENT #** L18000134220

1. Limited Liability Company's Name

ORANGESCAPE PROPERTIES, LLC

ORANGESCAPE PROPERTIES, LLC

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

200 WEST 55TH STREET

Suite, Apt. #, etc.

SUITE 42

City & State

NEW YORK, NY

Zip

10019

Country

USA

3. Mailing Office Address

200 WEST 55TH STREET

Suite, Apt. #, etc.

SUITE 42

City & State

NEW YORK, NY

Zip

10019

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/30/2018

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

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

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

*Alexis Wilson, assistant vice president*

Date 01/05/2022

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
MGR	SINGH, RABINDER PAL	200 WEST 55TH STREET SUITE 42	NEW YORK, NY 10019

11. E-mail Address:

(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 /S/ RABINDER PAL SINGH

Date

01/05/2022

Daytime Phone #

JAN 05 2022

Typed or printed name of signing authorized representative/member SINGH, RABINDER PAL