

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE
L99000001863

FILED
01 JUN 19 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001863

1. Limited Liability Company's Name

NORTHWOOD 105, L.L.C.

2. Principal Office Address

3001 James St., 2nd Fl.

3. Mailing Office Address

3001 James St., 2nd Fl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Syracuse, New York

City & State

Syracuse, New York

Zip

13206-2224

Country

USA

Zip

13206-2224

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

4/2/1999

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

Albert J. Gamot, Jr.

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

315 5th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Albert J. Gamot, Jr.

REGISTERED AGENT MUST SIGN

Date

6/14/01

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
MGRM	Michael S. Muraco	3001 James St., 2nd Fl.	Syracuse, New York
			13206-2224

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.

Signature of
Managing Member/Manager

Michael S. Muraco

Date

Daytime Phone #

315/433-9550

Typed or printed name of signing Managing Member/Manager

Michael S. Muraco

CR2E041 (9/00)