L99000005129

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

LIMITED LIABILITY REINSTATEMENT

THE SEASONS OF FLORIDA, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

DOCUMENT # L99000005129

1. Limited Liability Company's Name
The Seasons of Florida, L.L.C.

2. Principal Office Address	3. Mailing Office Address
599 W. Putnam Avenue	599 W. Putnam Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
c/o The Richman Group	c/o The Richman Group
City & State	City & State
Greenwich, CT	Greenwich, CT
Zip / Country	Zip / Country
06830 / USA	06830 / USA

4. State/ Country of Formation: **Florida**

5. Date Incorporated or Qualified To Do Business in Florida: **8-18-99**

6. FEI Number: **58-2488090** ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and address of New Registered Agent

Name: Registered Agents of Florida, L.L.C.
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street
Suite, Apt. #, Etc.: Suite 3500
City: Miami | State: FL | Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent: Leon J Wolfe, VP Date: 7-19-01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGRM	Wilder Richman Corp.	c/o The Richman Group 599 W. Putnam Avenue	Greenwich, CT 06830
MGRM	Eric Richelson	4 New King Street	White Plains, NY 10604

10. I hereby certify that I am managing/ member 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 corporate 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: Eric Richelson, member 7-19-01 (203) 869-0900
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER/MANAGER — Date — Daytime Phone #

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