

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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TALLAHASSEE, FLORIDA

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Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
FIT HUD RENAISSANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,487.50

S. HAWKES
NOV 30 A.M.
EXAMINER

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Corporate Filing Menu

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11/25/2015 3:37:36 PM From: To: 8506176384(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # M03000002608

1. Limited Liability Company's Name
FIT HUD Renaissance LLC

2. Principal Office Address - No P.O. Box # 1345 Ave of the Americas Suite, Apt. #, etc. 15 th Fl City & State New York, NY Zip 10105		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 8/6/2003	
6. FEI Number 20-0131033	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

CR2E041 (1/14)

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Rd.			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 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: Randy Sharr

Date: 11/25/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
COO & Secretary	Randal Nardone	1345 Ave of the Americas, 45 th Fl	New York, NY 10105
CEO & President	Wesley Edens	1345 Ave of the Americas, 45 th Fl	New York, NY 10105
REINSTATEMENT		S. HAWKES	
2006-2015		NOV 30 A.M.	
		EXAMINER	

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 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: Randal Nardone

Date: 11-25-2015

Daytime Phone # 212-798-8100

Typed or printed name of signing Authorized Representative/Manager: /s/ Randal Nardone