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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

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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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 3 0 A.M.

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

1/25/2015 3:37:36 PM From: To: 8506176384(2/2)

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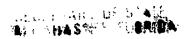
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CO	LIABILITY MPANY ATEMENT
l. Limited Lia	IENT # (1 bility Company's I JD Renaiss



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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Name ance LLC

2. Principal O	ffice Address - No P.O. Box #	Mailing Office A	\ddress		CR2E041 (1/1	14)	
1345 Ave of the Americas		same			4. State/Country of Formation Detaware 5. Date Organized or Qualified To Do Business in Florida		
Suite, Apt. #, ●tc. 15 th Fs City & State New York, NY		Suite, Apt. #, etc.	City & State				
		City & State			6. FEI Number Applie 20-0131033 Not Ap		
Zip 10105	Country USA	Zip	Coun	itry		5.00 Additional Fee required for a Certificate of Status	
	8. Name and Add	ress of Current Registers	ed Agent				
	Corporation System Size (P.O. Box Number is Not Acce		,		_		
	ne Island Rd.				_		
City	·		State	Zip Code			

9	i, being appointed the r	egistered agent of the above	i named limited liability company	/, am tamiliar with and accept	the obligations of Cuapte	1000, P.S

Plantation

REGISTERED AGENT MUST SIGN

Date 11/25/2015

10. Names and Street Addresses of Authorized Representatives/Managers Street Address of Each Authorized Representative/ Manager Name of Authorized Representatives/ Managers City / State / Zip Titles 1345 Ave of the Americas, 45th Fl 200 & Randal Nardone New York, NY 10105

Secretary New York, NY 10105 1345 Ave of the Americas, 45th Fl CEO & Wesley Edens resident

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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 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited hability 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 a. 817.155, F.S.

Authorized Representative/Manager Randal Nardone

Dale 11-25-2015

_Daytime Phone # _212-798-8100

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